



Upon approval, these documents must be submitted before you can begin using the facilities:

- **Hold Harmless Agreement**
- **Compliance Statement Form (if applicable)**
- **Sudden Cardiac Arrest Certificate (if applicable)**
- **Certificate of Liability Insurance**

**Application for Community Use of School Facilities**  
**(All applications must be submitted at least 14 days prior to event)**

APPLICATION FOR (SCHOOL): \_\_\_\_\_

NAME OF ORGANIZATION/TEAM NAME/GRADE: \_\_\_\_\_

Please provide a complete Team Roster. Roster must include name of participants, school attending, and home address.

NAME OF HEAD COACH/ASSISTANT COACH: \_\_\_\_\_

FACILITIES REQUESTED: \_\_\_\_\_

(Main Gym, Auxilliary Gym, Field House Gym, Community Room, Commons, Athletic Field, Theater, Career Center, Library, Classroom, Kitchen)

Purpose and Nature of Facilities Requested: \_\_\_\_\_

SPECIAL EQUIPMENT Requested: \_\_\_\_\_

**(Elementary only: Bleachers will not be available unless requested)**

**One Time Use:**

EVENT DATE(S): \_\_\_\_\_ Begin/End Time: \_\_\_\_\_

**Recurring Use: (same time each day)**

DAY(S) OF WEEK-**1st Choice:** \_\_\_\_\_ **2nd Choice:** \_\_\_\_\_

START/END DATE: \_\_\_\_\_ START/END DATE: \_\_\_\_\_

TIME-Begin/End: \_\_\_\_\_ TIME-Begin/End: \_\_\_\_\_

Number of People Expected: Participants \_\_\_\_\_ Spectators \_\_\_\_\_

Will there be admission, collection or funds solicited? Yes: \_\_\_ No: \_\_\_ If Yes, admission fee \$ \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Please submit forms to:**

<b>West Valley High School</b>	<b>All other schools</b>
Lindsey Kingsley: 340-7103	Shanda Gorder: 340-7184
<a href="mailto:lindsey.kingsley@wvsd.org">lindsey.kingsley@wvsd.org</a>	<a href="mailto:shanda.gorder@wvsd.org">shanda.gorder@wvsd.org</a>

**I AGREE THAT THE ABOVE INFORMATION IS CORRECT AND HAVE READ AND AGREE TO ABIDE BY THE RULES AND REGULATIONS AS APPROVED BY THE BOARD OF DIRECTORS AND THE ASSIGNING SCHOOL. I FURTHER AGREE TO REIMBURSE THE SCHOOL DISTRICT FOR ACTUAL USER COSTS AS DESCRIBED IN THE FINAL BILLING.**

**Signature of Applicant or Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

District Use Only: Class I, Class II, Class III (Please Circle One)			
ROOM(S)/CUSTODIAL	RATE	ESTIMATED CHARGES	ACTUAL CHARGES

**\*PAYMENT OF RENTAL FEES: Please provide name and email address of responsible person if different than contact person.**

Rental fees shall be determined by the latest established rental rates and are payable upon receipt of invoice to **WEST VALLEY SCHOOL DISTRICT NO. 363, 2805 N. Argonne Rd., Spokane, WA 99212** or by Credit Card by calling (509) 340-7184

APPROVED BY: \_\_\_\_\_  
*Building Principal*                      *Date*

\_\_\_\_\_  
*Facilities Manager*                      *Date*

*Upon approval, you will receive an email with your approved dates and times, please keep a copy on you at all times.*