

Colfax School District #300

Application for Use of School Facilities

Applicant or Organization: _____ Contact Person: _____

Mailing Address: _____ Phone: _____

High School:

- Classroom(s)
- Cafeteria w/o kitchen
- Kitchen and cafeteria
- Library
- Art or home-ec room
- Auditorium

Elementary:

- Classroom(s)
- Multipurpose room w/o kitchen
- Multipurpose room w/kitchen
- Library
- Playground

Athletic:

- High school gym – Locker room? yes no
- Elementary gym #1 (older gym) – Locker room? yes no
- Elementary gym #2 (newer gym) – Locker room? yes no
- Football field
- Track

Other (including special equipment needs) _____

Approved by: _____ Approved by: _____ Approved by: _____
CHS Principal JES Principal Athletic Director

Date of Event: _____ Time of Event: _____ Will admission be charged? Yes No

Colfax School District utilizes electronic door locks to control access to its facilities. Please specify below the times you would like the doors to be unlocked and locked.

Door Unlock Time: _____ **Door Lock Time:** _____

Type of event (please be specific): _____

Event will be supervised by: _____ Phone: _____ Emergency Phone: _____

If keys are necessary, please make arrangements with the building principal.

Keys returned? Yes No

Please note: District activities/events are our first priority and will take precedence over outside requests.

Agreement: The undersigned hereby makes application to Colfax School District #300 for use of school facilities described above and certifies that the information given in the application is correct. The undersigned further states that he/she has the authority to make this request for the applicant and agrees that the applicant will observe all rules and regulations of the Colfax School District #300. The applicant agrees to exercise the utmost care in the use of the school premises and property and to hold the Colfax School District harmless from all liability resulting from the use of said facilities. The applicant further agrees to reimburse the Colfax School District for any damage arising from the applicant's use of the facilities.

Signature: _____ Date of Request: _____

Submit completed form to District Office for processing.

Fees: Rental/custodial fees are established by Colfax School District Board of Directors (policy #7253, 7253A, and 7253B)
Please make checks payable to: Colfax School District #300, 1207 N. Morton Street, Colfax, WA 99111

Rental charge: _____

Custodial fees: _____

Total amount due: _____

Please pay within 10 days of event

Scheduled Cleaning: _____

Scheduled HVAC: _____

Other Scheduled A/V: _____

Routing: ASB Advisor _____ Technology Director _____ Maintenance/Grounds _____

Application Approved: _____ Date: _____