

**Clackamas High School
Facility Use Request: Application for Use**

Office Use Only
Invoice # _____
Month _____

Applicant Name and Organization: _____

Instructions:

1. Complete the application for areas, dates and times of use. Due to the volume of requests, please provide request **30 days prior** to your event.
2. Submit application to Clackamas High School
 - a. Hand deliver or mail to: CHS 14486 SE 122nd Ave., Clackamas, OR 97015
 - b. [Email to Rebecca Skreen: skreen@nclack.k12.or.us](mailto:skreen@nclack.k12.or.us)
3. Notification of denial or approval along with an invoice will be sent to you.
4. If event is approved send Rebecca your Certificate of Liability Insurance, Naming CHS as additional insured.

Applicant Information:

Person Financially Responsible: _____

Day Phone: _____ Cell Phone: _____

Mailing/Billing Address: _____

Email: _____

Event Information:

Event Title/Name: _____

Purpose of Event: _____

Dates of Use: Start Date: _____ End Date: _____

Day(s) of Week: M T W TH F S S

Time of Use: Set Up: _____

Event Start: _____	Event End: _____
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 Clean up: _____

Frequency of Use: One Time Weekly/Bi-weekly Monthly Annual Other

Estimated Attendance: Staff: _____ Youth: _____ Adults: _____ Total: _____

Parking Requirements: # of Buses: _____ # of Personal Cars: _____

Action: **Office Use Only**

Approved

Denied

Facility Coordinator

Date

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Note, requests that involve food must have food plans approved prior to the event. Restrictions apply.

Food Plans:

Approved (office use)

Will food and/or beverages be served?

Yes No

Will meal/snack/beverage service require on site preparation?

Yes No

Name(s) of individuals with current Food Handlers License. _____

Please describe the menu and service equipment to be used: _____

North Clackamas Food Services provides catering. Would you like more information?

Yes No

Audio/Technical Equipment: Will you need audio/visual equipment?

Yes No

Check items that you are requesting (Equipment charges may apply.)

Microphone

Podium

Screen

LCD Projector

DVD Player

Sound System

Computer Speakers

Other Equipment Requests: _____

Areas Requested: Please check rooms you are requesting

Large Group Areas

Auditorium & Foyer

Media Center WC

Media Center EC

Choir Room 601

Study Hall Rooms 307 & 309

Study Hall Rooms 306 & 308

Lecture Hall Room D-1 EC

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With Athletic Dept. Approval

Main Gym

Upper Gym

East Campus Gym

Turf Field

Grass Field

Baseball Field

Softball Field

Restrooms

*Additional Cost May apply

Porta-Potties

*No cost

Food Approved Areas

Commons WC

Commons EC

Court Yard

Staff Room

Small Group Areas

Room 302

Room 304

Room 305

Room 310

Room 311

Other: _____

Building Expectations:

The undersigned hereby agrees to comply with all regulations governing the use of the facilities as established by the Board of Education of North Clackamas School District #12. The undersigned will exercise due care in the use of the facilities and pay for such damages as may arise from such use. The undersigned is solely responsible for loss, damage, accidents and personal injury arising out of use of the facility and agrees to indemnify and hold harmless the school district, its Board of Directors and staff from and against any and all claims.

I have reviewed the Planning Guide for Clackamas High and agree to abide by the specified guidelines.

Applicant Signature

Date