

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

<b>Office Use Only</b>
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 Vicki Nelms: [nelmsv@nclack.k12.or.us](mailto:nelmsv@nclack.k12.or.us)
  - c. Email to Tami Holen: [holent@nclack.k12.or.us](mailto:holent@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 Vicki 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

**Clackamas High School**  
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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

**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