

**NINE MILE FALLS SCHOOL DISTRICT****Facility Use Permit**

Date of Application: \_\_\_\_\_

\*\*Group/Organization Requesting Use: \_\_\_\_\_

Person Responsible: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Building Requested: \_\_\_\_\_ Room/Area Requested: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Length of Event: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

Purpose of Use: \_\_\_\_\_ Profit: \_\_\_\_\_ Non-Profit \_\_\_\_\_

I have received, read and agree to the Terms of Facility Use. I agree that the above information is correct and that the building will be used subject to the rules and regulations of the Nine Mile Falls School District Board of Directors. As the responsible person for the above named organization, we agree to save and hold harmless the Nine Mile Falls School District #325-179 from any and all bodily injury, liability, or property damage claims that might occur during the use of buildings or premises by the named organization.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

***\*\* If your group/organization is requesting facility use for athletic purposes, please read and verify the following statement and then complete, page 2 of this permit (HB 1824 Compliance Statement)***

Furthermore, the \_\_\_\_\_, a community athletic program, verifies that it does not discriminate against any person on the basis of sex in the operation, conduct or administration of its program.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**Approval:**\_\_\_\_\_  
Building Administrator**Reason for Denial:****Fee Calculation:**

Use Fee \_\_\_\_\_ (for up to 3 hours X \_\_\_\_\_ days = \_\_\_\_\_

\_\_\_\_\_ additional hours at \_\_\_\_\_/hr = \_\_\_\_\_

Supervision \_\_\_\_\_ hours at \_\_\_\_\_/hr = \_\_\_\_\_

Custodian \_\_\_\_\_ hours at \_\_\_\_\_/hr = \_\_\_\_\_

Kitchen Help \_\_\_\_\_ hours at \_\_\_\_\_/hr = \_\_\_\_\_

**Total** \_\_\_\_\_

If you wish to renew at the end of this session, you must respond by: \_\_\_\_\_

**For Office Use Only:** Usage Classification: \_\_\_\_\_ Permit # \_\_\_\_\_

Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Initial \_\_\_\_\_