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 understand animals are prohibited on school and district property at all times, with the exception of officially recognized service animals assisting individuals with disabilities (Policy 2030). I have received, read and agree to the Terms of Facility Use. I agree that the above information is correct and that the building/facility 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 _____