



Pleasant Hill School District #1

36386 Highway 58

Pleasant Hill, OR 97455

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Policy KG-AR

Adopted 1/10/2000; Revised/Readopted: 9/14/20

FACILITY USE REQUEST FORM

Pleasant Hill Community Center

Organization Name: _____ Non-Profit? Yes No

Activity: _____

Contact Person: _____

Street Address: _____ City: _____ ST: ___ Zip: _____

Phone: _____ Other Phone: _____ Email: _____

Number of people expected _____ Is event open to the public? Yes No

Indicate day(s) of the week: Mon Tues Wed Thu Fri Sat Sun

Start Date: _____ End Date: _____

Start Time: _____ AM PM End Time _____ AM PM

Please Note: Times reserved must include set up and clean up time.

<input type="checkbox"/> Class I	PHSD sponsored activities for students, parents and related organizations	Free
<input type="checkbox"/> Class II	Civic & service use - Non-profit community service groups	\$10 per hour
<input type="checkbox"/> Class III	Private Events/Celebrations	\$20 per hour
<input type="checkbox"/> Class IV	Profit groups or individuals	\$30 per hour

- A \$50 refundable deposit security/cleaning deposit will be collected in advance of activity.

- An insurance binder may be required. You will be notified upon approval of activity.

- Please follow alarm system instructions carefully. Failure to key into and out of district facilities may result in additional security charges. Security services are \$45 per hour. Please be sure you know how to properly use the system. If issued, all keys are to be returned at the end of your event unless other arrangements have been made with the district office.

Custodial Services needed? Yes No

Food and Drink being served? Yes No

*Contact the district office for an estimate of custodial fees, if needed.

Standard set up includes three rectangular tables and two arched tables in the front room, three rectangular tables in the back room. 100 folding chairs are available. You may move these items as needed, but you are expected to return them to the standard configuration when you are finished. If you would like us to clean up and/or set back up we can provide you with an estimate for custodial services.

IT IS MY UNDERSTANDING, AS CONTACT PERSON FOR ORGANIZATION, THAT:

1. Only the facilities requested will be used.
2. Times and dates as specified shall be adhered to and notification to the district office is necessary if there is to be any change.
3. Every effort will be made to maintain cleanliness and care of the facility.
4. Any damage of items in need of attention/repair will be reported to the district office upon leaving or by the next business day.
5. It will be necessary to relinquish use of the facility if a school function is scheduled on the same date.
6. Cooperation is expected in order to make facilities available to all groups.
7. Key will be returned, if issued, as per instruction at time of issue.
8. Rules as posted or otherwise provided must be followed.
9. Failure to abide by the terms of this agreement may result in the denial of further use.
10. The school utilizes an electronic surveillance system. Please key in and out properly. Failure to do so may result in an additional charge.
11. User certifies to have read this document and fully understand its contents.

Contact Person Signature _____

Date: _____

Superintendent Signature _____

Date: _____

INSURANCE BINDER GUIDELINES

Any Class III user and some Class II users must obtain and maintain a General Liability Insurance Policy naming Pleasant Hill School District No. 1 as the additionally insured with the following limits:

- \$2,000,000 General Aggregate, including wrongful acts and sexual molestation, \$1,000,000 each occurrence
- \$1,000,000 Personal and Advertising Injury, \$1,000,000 Damage to Rented Premises
- \$10,000 Medical Expense, Waiver of subrogate on Worker's Compensation coverage

Certificate of insurance needs to be provided to the district prior to using the facilities.

(FOR OFFICE USE)

Availability confirmed by _____

Date ___/___/___

Building approval: Signature _____

Date ___/___/___

Insurance Binder Received: Yes No N/A

Date ___/___/___

Key #: _____ issued. On: ___/___/___

Returned on ___/___/___

Estimate of Fees:

Facility charge \$ _____ per hour x _____ hours = \$ _____

Custodial costs \$40.00 per hour x _____ hours = \$ _____

Total Estimate for use \$ _____ Security/Cleaning Deposit \$ _____

Contact Person Notified by _____ Date _____

Pre-Payment of \$ _____ received ___/___/___ by Cash Check no: _____

Additional custodial charges incurred \$ _____

Security service charges incurred \$ _____

Security/Cleaning deposit (refunded) or additional payment due \$ _____ Pd ___/___/___