Facilities/Equipment Use Form

Daytime Phone

Knappa School District #4 41535 Old Highway 30

Astoria, OR 97103

Phone: 503-458-6166 or 458-5993

Today's Date:	(Submit request as e	early as possible prior t	o use.)	
Building or Location: Plea	ase place a check mar	rk by those you are	requesting	
Outdoor Facilities	O	utdoor Facilities con'	't	Indoor Facilities con't
☐ Football field		Baseball field		☐ Knappa High wrestling room
☐ Football/track press box		Baseball score clock		☐ Knappa High weight room
☐ Football/track concessions	In	door Facilities		☐ Knappa High locker rooms
☐ Football/track restrooms		Hilda Lahti gym		☐ Home Economics Room
☐ Football/track PA system		Hilda Lahti play shed		□ Other
☐ Football score clock		Hilda Lahti cafeteria		The following are needed
□ Track		Hilda Lahti library		☐ Tables
Runways, aprons, pits		☐ Hilda Lahti classroom☐ Knappa High gym☐ Knappa High cafeteria		□ Chairs □ Set-up □ Custodian
☐ Ticket booths				
☐ Softball field				
☐ Softball score clock		Knappa High library		☐ Kitchen Help
□ Equipment		Knappa High classroo	om	□ Keys
☐ Danny Patterson/Bompies Field		0		
 \$20 for weekdays are Use of the weight ro A \$20 fee will be asset aff is used to clear Athletic field lights weighted Cost for heating a specific properties 	nd \$30 on weekends and som requires an on-site persessed against the deposion up after usage. Will be assessed at \$20 perpace on a weekend or holiducts and alcohol are not performed to the control of	holidays. A cook shall erson with a current First it each time lights are I r hour. iday will be determined permitted on District pr in the amount of \$1 million as additionally insured.	be required for st Aid and CPR eft on, a door is d by energy cos operty.	card. s left open or unlocked and/or sts used.
	A signed release of liability I am requesting an exemp Superintendent	y form.	of liability or a lia	bility release from the
Date(s) Facility Use Is Req	•	Ending	Day(s)	of the Week
Beginning Time:	Ending Time:	Purpose of Fac	cility Use:	
Signature of Applicant Acknowled	dging Receipt of and Agreen	nent with Facility Use Re	equirements	The deposit must be received before a Building Use Reques form is processed. Any additional
Printed Name of Applicant				costs or fees will be assessed
Name of Group/Organization if A	pplicable			against the deposit and/or will be billed to the group at the conclusion
Address		mail Address		of the activity

Evening Phone

For School District Use Only							
[] Approved	[] Disapproved	Deposit \$	Fee \$	Custodial / Cook Wage \$			
Total Due \$	Total Received \$	Date Received		_ [] Proof of Insurance Provided			
Approval: Athletic Director Building Principal District Office Date Date After Event Checklist– Custodian Returns Copy to District Office							
OK to return deposit?							
After-hours custodial/cook hours work Administrative Approval							
[] District Office []	Maintenance [] Janitorial	(returned after event)	[] Applicant	[] School Office [] AD[] Staff Impacto			

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