

Single Use Multiple Use

Sumner School District #320 Application for Use of District Building

Phone: 253-891-6010 Fax: 253-891-6098
facility_scheduling@sumnersd.org

Facility Requested: _____

POD/Wing Commons/Gym Main Gym Kitchen Other _____

User/Group Name: _____

Responsible Person: _____

Billing Address: _____

Email Address: _____

Home Phone :() _____ Work :() _____ Cell Phone :() _____

Times and Dates:

List all requested dates: _____

Time entering building: _____ Time leaving the building: _____ Total hours per each use: _____

Time of event: _____

Purpose:

What is the nature/purpose of the facility use: _____

Number of Adults: _____ Number of Children: _____ Access to kitchen Yes No (If yes Child Nutrition Staff required)

Number of Chairs: _____ Number of Tables: _____

Special Requests/Instructions:

Signature (Person Responsible): _____ Date: _____

A representative signing for an LLC or Corporation personally guarantees payments for all invoices.

Required Items Checklist:

Certificate of Insurance Community Use Responsibilities Payment Received

District Approval: _____ Date Entered _____ Reservation # _____

User Category:	Hours	Rate	Cost
Commons/Auxiliary Gym			
Pod/Wings			
Main Gym			
Kitchen			
Other			
Other			
Personnel			
		TOTAL	



Sumner School District
...a great place to learn!

Sumner School District

1202 Wood Avenue
Sumner, Washington 98390
Phone: (253) 891-6010
Fax: (253) 891-6098

DEBIT/CREDIT CARD PAYMENT AUTHORIZATION

VISA MasterCard Name on Card: _____

Billing Address for Card: _____ City: _____ ZIP: _____

Card # _____ Exp Date: __ / __ CVV: _____

Please charge my card for the following amount: \$ _____

Cardholder Signature: _____

Reservation # _____ **Invoice#** _____

Staff Initial Card Confirmed