

**APPLICATION FOR USE OF INGERSOLL FACILITIES
NON-PROFIT VENDOR SPACE
Facilities and Operations Office, Room 300
1113 Legion Way SE, Olympia, Washington 98501**

Name of Organization	Date:
Name of Applicant	Title
Address of Applicant	Day Phone: Evening Phone: Cell Phone:

Date(s) Requested: Month _____ Date(s) _____ Month _____ Date(s) _____ Month _____ Date(s) _____	Time Requested From: _____ to _____ From _____ to _____ From _____ to _____
Description/Purpose of Activity: <u>No food or beverages may be sold</u>	Equipment Needed: ____ 6 ft. table # needed ____ \$5 per table per date ____ Other (list) cost to be determined Invoice will be mailed after facility use

It is agreed that this application is made subject to District Policy 4260 and Procedure 4260P for the use of school facilities. The undersigned agrees that OSD rules and regulations shall be strictly observed and accepts the entire responsibility for their enforcement. I hereby certify, on behalf of my organization, that I shall be personally and severally responsible for any and all damage or unnecessary abuse of school buildings, grounds, or equipment growing out of occupancy of said premises by our organization.. We agree to abide by and enforce the rules and regulations of the Olympia School District governing the non-school use of buildings, grounds, and equipment. We hereby agree to hold the Olympia School District harmless for any claims arising on the premises at the time of our occupancy of same or arising out of the event held by us. We further agree that the organization will not discriminate against any person on the basis of sex, in the operation, and administration of our program.

Signature of Applicant	Date
Signature of Ingersoll Administrator	Date
Signature of Assistant Superintendent or Designee	Date