

**Battle Ground School District  
Facility Use Application**

P. O. Box 200  
Battle Ground, WA 98604  
360 885-5390

*2-19-19*  
*Denied - per Ryan (cow) ES*  
End Date: 3/9/19  
Date Received: 2/11/19  
*Entered ES*

Please allow a minimum of ten (10) working days for processing.  
All information is mandatory. Incomplete information will delay processing.

Applicant Name: Jesse Murray Organization/Team Name: Patriot Prayer  
Address: 1B Parent Pers Info Phone: 1B Parent Pers Info  
E-Mail Address: 1B Parent Pers Info Work Phone: \_\_\_\_\_

Names of Additional Coaches: \_\_\_\_\_  
Activity: Prayer group Age of Participants: Adults Number of Participants: 50  
School Site: Cam Room/Area/Field: IC Lab

PHS Auditorium\*\*: \_\_\_\_\_  
Light System\*\*: \_\_\_\_\_  
**\*\*Requires special approval / Technician required**

PHS/BGHS Gym Use: Bleachers Out NA Sound System\*\* NA Scoreboard\*\* NA  
**\*\*Technician required** **\*\*Technician required**

Date(s) Requested: March 9th Time: 1 AM/PM to 3 AM/PM  
(Please circle) Sun Mon Tues Wed Thurs Fri Sat

Special Accommodations: Number of Chairs: \_\_\_\_\_ Number of Tables: \_\_\_\_\_  
Additional accommodations: \_\_\_\_\_

**Information to Applicant:**  
Breaks, holidays, non-school days, District and Community Education activities are given priority and may "bump" scheduled non-district activities. Every effort will be made to notify you using the information above if a cancellation is necessary.  
I have read the rules and regulations relating to use of school facilities and agree to abide by them. Failure to do so will result in the cancellation of the application and use of the facilities immediately. I understand that proof of insurance and/or personal identification may be required as part of the application process.

**Comments to Applicant:** \_\_\_\_\_  
**Estimated Costs** (to be determined by Battle Ground School District Facility Use Office): \_\_\_\_\_

Signature of Applicant Jesse Murray Printed Name: Jesse Murray Date: Feb 8th 19  
Facility is not available until applicant receives green approval copy. Applicant must carry green copy when using scheduled facility.

**District Use Only**  
Please circle the number of the category containing the description of the applicant or organization:  
1. Battle Ground School District; School related Organization; Non-profit Youth Organization; Government Agency.  
2. Non-Profit Educational; Non-profit Adult Recreational; Special Interest Group. Private or commercial enterprise.

**Approval:**  
Building Principal: Kyle Carl Date: 2-12-19 Overtime Custodial Services: \_\_\_\_\_  
Custodial Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Dates: \_\_\_\_\_  
Community Education Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_  
Approval of Custodial O/T: \_\_\_\_\_  
Initials: \_\_\_\_\_

WHITE: Facility Use GREEN: Applicant YELLOW: Principal PINK: Custodian GOLDENROD: Operations