## Lake Washington School District No. 414 P.O. Box 97039 Redmond, WA 98073

## **Application for Use of School Stadiums**

5350

I.	Name Bill to:	Date of Request September 24, 2024
	Applicant or Organization ARCL Adult Cricket	School Redmond Stadium
	Street 2424 212th AVE SE	City Sammamish Zip 98075
	Person in charge Ilyas Mohamed	Daytime Phone No. (425)753-7060
II.	Facilities Requested II A. Itemized Usage Fo	
	Lights Custodial Custodial  Locker Rooms (each)#: P.A. System  Official's Locker Room  Yard Markers/Flags Locker Roor	5       hours       @ \$ 158.00       per hour       = \$ 790.00         hours       @ \$       per hour       = \$         hours       @ \$       per hour       = \$         harge       hours       @ \$       per hour       = \$         ns       ea       @ \$       = \$         \$       P.A. System \$       Official's L.R. \$
III.	Time & Dates  Dates: September 28 Hours: I	From 2:30 PM To: 7:30 PM
	Dates: Hours: I	From To:
	Dates: Hours: F	From To:
	Day of Week: M T W TH F S SU Circle Days	
IV.	Purpose Describe Briefly Cricket Matches	
Α.		ind Raising? Yes X No
C.		umber of People expected 40 - 60 per match
E.	How much do you expect to net? N/A	
F.	What type of supervision will be provided? Adult Participants	-
V.	Payment of Rental Fees Rental Fees shall be determined by the latest established rental rates. Estimated facility use fees must be PREPAID before the building use application w	ill be approved. \$790.00
VI.	Agreement and Insurance The applicant hereby agrees to abide by the laws of the State of Washington, King County, and by the regulations of the Lake Washington School District No. 414. It is understoo and agreed by the applicant that this permit may be revoked or cancelled by the Lake Washington School District No. 414 at any time with or without cause. The applicant agrees t protect, indemnify and save harmless the Lake Washington School District No. 414, the School Board, District employees, and volunteers from any and all claims, liabilities, damages or rights of action directly or indirectly growing out of the use of the premises covered by this application.  In the event of damage arising from the use of facility the applicant will be held responsible for all expenses incurred by the District.  The user may be required to provide at their own expense, a Comprehensive General Liability insurance policy, naming the Lake Washington School District as an additional insured. This policy shall be primary and written with limits of \$1,000,000, Combined Single Limits per occurrence. For complete insurance requirements see section II part 7, of the rule and regulations for community use of school facilities.  Coverage can not be cancelled or reduced in coverage without thirty (30) days written notice to the District.  A Certificate of Insurance evidencing coverage and a copy of the endorsement naming the District as an additional insured must be submitted to the Risk Management office I have read the rules and regulations above and on the reverse side of this form and agree with the established guidelines.  Signature  Signature  Ilias mohamed (Sep 25, 2024 11:42 PDT)	
EC	PR DISTRICT USE ONLY	ACCOUNTING HOE ONLY
	X APPROVEDNO	TAPPROVED ACCOUNTING USE ONLY
	ADIUM John Bailie DATE	Sep 25, 2024
	INCIPAL'S GNATURE DATE	
ACCOUNTING APPROVAL DATE		
EVIDENCE OF INSURANCE REQUIRED YES X NO		
1	EASE CHECK USER CLASSIFICATION  2 3 4 x 5 SEE REVERSE SIDE	APPLICATION S 5350

SS077 (7/2001)

Accounting-White

Custodian-Canary

Stadium Supervisor-Pink

Applicant-Goldenrod

## scan\_jbailie@lwsd.org\_2024-09-25-09-00-27

Final Audit Report 2024-09-25

Created: 2024-09-25

By: John Bailie (jbailie@lwsd.org)

Status: Signed

Transaction ID: CBJCHBCAABAAgXzTuzeAld5PL0pqcka69CvpqdvEbC9X

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