



Remit to: Bellevue School District, PO Box 90010, Bellevue, Washington 98009-9010

INVOICE

C26173
ATHLETIC CAMPS NORTHWEST
PAT JONES
[REDACTED]
BELLEVUE, WA 98005

INVOICE # AR353434
DUE DATE BU#56134 07/26/13
AMOUNT DUE \$ 408.00

For questions about this invoice, please call: 425-456-4007

DATE	REF#	DESCRIPTION	AMOUNT
06/26/13	BU#56134	APPL FEE-BHS	20.00
06/26/13		STADIUM USE 6/24-6/27/13	408.00
06/26/13	BU#56134	DEPOSITED CK#2133	-20.00
		YOUTH FOOTBALL CAMP (NON CONTACT)	
		PAT JONES	
		[REDACTED]	

*PS#2149
7/24/13*

408.00
AMOUNT DUE \$

TO INSURE PROPER CREDIT TO YOUR ACCOUNT PLEASE COMPLETE AND RETURN THIS PORTION WITH PAYMENT

C26173 INVOICE # AR353434 DUE DATE 07/26/13
ATHLETIC CAMPS NORTHWEST AMOUNT DUE \$ 408.00

Card holder's Name: _____ AMOUNT PAID _____
Credit Card No. _____ Exp Date _____ 3 digit code _____

CREDIT CARD MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

I hereby authorize Bellevue School District to charge my VISA or MasterCard for the
Amount of: \$ _____

SIGNATURE _____

Check here if address has changed and note changes on reverse.



SYNTHETIC TURF FIELDS APPLICATION
 Bellevue School District
 12037 NE 5th Street, Bellevue, WA 98005; 425-456-4500

AR35343 &
 APPLICATION NO.
56134

C26173

INSTRUCTIONS: PLEASE PRINT. The applicant is to complete PART I ONLY. The field manager or Athletic Director will insert all estimated costs based upon the applicant's user classification and information provided. For further information, refer to Policy 9500 and Procedures 9500.2, Community Use of District Synthetic Turf Fields.

PART I - APPLICANT INFORMATION

Name/Organization: Athletic Camps Northwest LLC School Field requested: Bellevue High Football Stadium
 Contact Person: Pat Jones Dates: (attach list with dates if there are more than you are able to list below):
 Billing Address: [REDACTED] June 24, 25, 26, 27
Bellevue, WA 98005
 E-mail Address: [REDACTED] Day(s) of the Week: (circle all that apply) M T W TH F SA SU
 Daytime Phone: [REDACTED]
 Non-Profit? YES / NO YES / NO Primary Use: ADULT / YOUTH
 Participation Fee/Charge? YES / NO YES / NO Number of participants: 50 Beginning Time: 9 am
 Ending Time: Noon

Nature of Activity: Youth Football Camp (non contact)

FEES: A \$20.00 non-refundable processing fee must accompany this application. Checks shall be made payable to Bellevue School District NO. 405.
CANCELLATIONS: Procedure 9500.2, Sections 2.6 and 2.7 outline applicant cancellations procedure and section 3.0 outlines District cancellation procedures
AGREEMENT: By the signing below, the applicant agrees to provide supervision/security for the requested dates indicated above. Applicant hereby verifies that they have read and agree to the terms and conditions on the reverse side of this document.

ACCEPTANCE OF TERMS: [Signature] TODAY'S DATE: March 14, 2013
 APPLICANT SIGNATURE

The applicant, (please print legibly) [REDACTED] verifies that all coaches, athletes and their parents/guardians have complied with mandated policies and laws that relate to the management of concussions and head injuries as prescribed by BH 1824, Section 2. Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district and/or designee (Initial here [Signature])

RECEIVED

Credit Card Payment Information:
 Name on Credit Card: _____ Credit Card #: _____ JUN 25 2013 Exp. Date: _____ Verification Code: _____
 Credit Card Mailing Address: _____ City: _____ State: _____ Zip: _____
 I hereby authorize Bellevue School District to charge my VISA or MasterCard \$ _____ Signature: _____ Date: _____

FOR SCHOOL/DISTRICT USE ONLY: PART II - FEES ESTIMATE

Calendarized by Site? YES / NO YES / NO CLASSIFICATION: 1 2 3 4 Field Supervisor Assigned? YES / NO YES / NO

Non-refundable Application Processing Fee: _____ Cr C'd / Cash \$20.00 POS

Item	Rate	Hours	Total
Total Hours Requested		<u>12</u>	
Field Usage	No. Hours	<u>12</u>	X \$ <u>34.00</u>
Field Supervisor	No. Hours		X \$ _____
Lights	No. Hours		X \$ _____
Ticket Booths	Rate Per Event		\$ _____

THE FOLLOWING SERVICES REQUIRE SPECIFIC APPROVAL BY THE FIELD SUPERVISOR

Locker Rooms	Rate Per Event	\$ _____	+	\$ _____
Concession Stand	Rate Per Event	\$ _____	+	\$ _____
Other Special Charge (Itemized)			+	\$ _____
TOTAL:			+	\$ <u>408.00</u>

Comments: _____
 Check #: 2133 Check Amount: \$20.00
 Athletic Director's Signature: [Signature] Date: 4-3-13

Facility Use Office Approval: [Signature] Date: 4/3/13



Remit to: Bellevue School District, PO Box 90010, Bellevue, Washington 98009-9010

INVOICE

C26173
ATHLETIC CAMPS NORTHWEST
PAT JONES
[REDACTED]
BELLEVUE, WA 98005

INVOICE # AR353435
BU#56133
DUE DATE 07/26/13
AMOUNT DUE \$ 306.00

For questions about this invoice, please call: 425-456-4007

DATE	REF#	DESCRIPTION	AMOUNT
06/26/13	BU#56133	APPL FEE-BHS	20.00
06/26/13		STADIUM USE 7/17/13-7/19/13	306.00
06/26/13	BU#56133	DEPOSITED CK#2134	-20.00

PS #2149
7/24/13

306.00

AMOUNT DUE \$

TO INSURE PROPER CREDIT TO YOUR ACCOUNT PLEASE COMPLETE AND RETURN THIS PORTION WITH PAYMENT

C26173 INVOICE.# AR353435
ATHLETIC CAMPS NORTHWEST

DUE DATE 07/26/13
AMOUNT DUE \$ 306.00

Card holder's Name: _____ AMOUNT PAID _____
Credit Card No. _____ Exp Date _____ 3 digit code _____

CREDIT CARD MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

I hereby authorize Bellevue School District to charge my VISA or MasterCard for the
Amount of: \$ _____

SIGNATURE _____

Check here if address has changed and note changes on reverse.



SYNTHETIC TURF FIELDS APPLICATION
 Bellevue School District
 12037 NE 5th Street, Bellevue, WA 98005; 425-456-4500

AR353435
 APPLICATION NO. 56133 ✓

26173

INSTRUCTIONS: PLEASE PRINT. The applicant is to complete PART I ONLY. The field manager or Athletic Director will insert all estimated costs based upon the applicant's user classification and information provided. For further information, refer to Policy 9500 and Procedures 9500.2, Community Use of District Synthetic Turf Fields.

PART I - APPLICANT INFORMATION

Name/Organization: Adhatic Camps Northwest LLC School Field requested: Bellevue High Football Stadium
 Contact Person: Pat Jones Dates: (attach list with dates if there are more than you are able to list below):
 Billing Address: [Redacted] July 17, 18, 19
Bellevue, WA 98005
 E-mail Address: [Redacted] Day(s) of the Week: (circle all that apply) M T (W) (TH) (F) SA -SU
 Daytime Phone: [Redacted] Beginning Time: 9 am
 Non-Profit? YES / NO Primary Use: ADULT / (YOUTH) Ending Time: Noon
 Participation Fee/Charge? YES / NO Number of participants? 20

Nature of Activity: Football Camp (non contact) - Freshman

FEES: A \$20.00 non-refundable processing fee must accompany this application. Checks shall be made payable to Bellevue School District NO. 405.
 CANCELLATIONS: Procedure 9500.2, Sections 2.6 and 2.7 outline applicant cancellations procedure and section 3.0 outlines District cancellation procedures
 AGREEMENT: By the signing below, the applicant agrees to provide supervision/security for the requested dates indicated above. Applicant hereby verifies that they have read and agree to the terms and conditions on the reverse side of this document.

ACCEPTANCE OF TERMS: [Signature] TODAY'S DATE: March 14, 2013
 APPLICANT SIGNATURE

The applicant, (please print legibly) [Redacted] verifies that all coaches, athletes and their parents/guardians have complied with mandated policies and laws that relate to the management of concussions and head injuries as prescribed by BH 1824, Section 2.
 Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district and/or designee (Initial here [Redacted])

RECEIVED

Credit Card Payment Information:
 Name on Credit Card: _____ Credit Card #: JUN 25 2013 Exp. Date: _____ Verification Code: _____
 Credit Card Mailing Address: _____ City: _____ State: _____ Zip: _____
 I hereby authorize Bellevue School District to charge my VISA or MasterCard \$ _____
 Signature: [Signature] ACCOUNTING Date: _____

FOR SCHOOL/DISTRICT USE ONLY: PART II - FEES ESTIMATE

Calendarized by Site? YES / NO CLASSIFICATION: 1 (2) 3 4 Field Supervisor Assigned? YES / NO
 Non-refundable Application Processing Fee: _____ Cr C'd / Cash \$20.00 POS

Total Hours Requested		Special Instructions:		
Field Usage:	No. Hours <u>9</u>	\$ 34.00	+	\$ _____
Field Supervisor	No. Hours _____	\$ _____	+	\$ _____
Lights	No. Hours _____	\$ _____	+	\$ _____
Ticket Booths:	Rate Per Event _____	\$ _____	+	\$ _____

THE FOLLOWING SERVICES REQUIRE SPECIFIC APPROVAL BY THE FIELD SUPERVISOR

Locker Rooms	Rate Per Event	\$ _____	+	\$ _____
Concession Stand	Rate Per Event	\$ _____	+	\$ _____
Other Special Charge (itemized)		\$ _____	+	\$ _____
TOTAL:			+	\$ 306.00

Comments: _____

Check #: 2134 Check Amount: \$20.00

Athletic Director's Signature: [Signature] Date: 4-3-13

Facility Use Office Approval: [Signature] Date: 4/3/13



Remit to: Bellevue School District, PO Box 90010, Bellevue, Washington 98009-9010

INVOICE

C26173
ATHLETIC CAMPS NORTHWEST
PAT JONES
[REDACTED]
BELLEVUE, WA 98005

INVOICE # AR321476
BU#55377
DUE DATE 07/14/12
AMOUNT DUE \$ 408.00

For questions about this invoice, please call: 425-456-4001

DATE	REF#	DESCRIPTION	AMOUNT
06/14/12	BU#55377	APPL FEE-SHS	20.00
06/14/12		TURF 6/26,6/27,6/28,6/29/12	408.00
06/14/12	BU#55377	DEPOSITED CK#2096	-20.00

*pd 2/09
7/29/12*

AMOUNT DUE \$ 408.00



SYNTHETIC TURF FIELDS APPLICATION
Bellevue School District
12037 NE 5th Street, Bellevue, WA 98005; 425-456-4500

3321476
APPLICATION NO.
55377

INSTRUCTIONS: PLEASE PRINT. The applicant is to complete PART I ONLY. The field manager or Athletic Director will insert all estimated costs based upon the applicant's user classification and information provided. For further information, refer to Policy 9500 and Procedures 9500.2, Community Use of District Synthetic Turf Fields.

PART I - APPLICANT INFORMATION

Name/Organization: Athletic Camps Northwest School Field requested: Sumner High School
 Contact Person: Pat Jones Dates: (attach list with dates if there are more than you are able to list below):
June 26, June 27, June 28, June 29
 Billing Address: [REDACTED]
Bellevue, WA 98005
 E-mail Address: [REDACTED] Day(s) of the Week: (circle all that apply) M T W TH F SA SU
 Daytime Phone: [REDACTED]
 Non-Profit? YES / NO Primary Use: ADULT / YOUTH Beginning Time: 9 am
 Participation Fee/Charge? YES / NO Number of participants? 76 Ending Time: Noon

Nature of Activity: Youth Football Camps for Bellevue Residents ages 7-13

FEES: A \$20.00 non-refundable processing fee must accompany this application. Checks shall be made payable to Bellevue School District NO. 405.
CANCELLATIONS: Procedure 9500.2, Sections 2.6 and 2.7 outline applicant cancellations procedure and section 3.0 outlines District cancellation procedures
AGREEMENT: By the signing below, the applicant agrees to provide supervision/security for the requested dates indicated above. Applicant hereby verifies that they have read and agree to the terms and conditions on the reverse side of this document.

ACCEPTANCE OF TERMS: [Signature] TODAY'S DATE: 6/5/12
 APPLICANT SIGNATURE

The applicant (please print legibly) [REDACTED] verifies that all coaches, athletes and their parents/guardians have complied with mandated policies and laws that relate to the management of concussions and head injuries as prescribed by BH 1824, Section 2. Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district and/or designee (Initial here [Signature])

Credit Card Payment Information:
 Name on Credit Card: _____ Credit Card #: _____ Exp. Date: _____ Verification Code: _____
 Credit Card Mailing Address: _____ City: _____ State: _____ Zip: _____
 I hereby authorize Bellevue School District to charge my VISA or MasterCard \$ _____ Signature: _____ Date: _____

FOR SCHOOL/DISTRICT USE ONLY: PART II - FEES ESTIMATE
 Calendarized by Site? YES / NO CLASSIFICATION: 1 2 3 4 Field Supervisor Assigned? YES / NO

Non-refundable Application Processing Fee: Cr Cd / Cash \$20.00 POS

Total Hours Requested	_____	Special Instructions:	_____
Field Usage	No. Hours <u>16</u>	\$ _____	+
Field Supervisor	No. Hours _____	\$ _____	+
Lights	No. Hours _____	\$ _____	+
Ticket Booths	Rate Per Event _____	\$ _____	+

RECEIVED
JUN 13 2012
ACCOUNTING

THE FOLLOWING SERVICES REQUIRE SPECIFIC APPROVAL BY THE FIELD SUPERVISOR

Locker Rooms	Rate Per Event	\$ _____	+
Concession Stand	Rate Per Event	\$ _____	+
Other Special Charge (Itemized)	_____	\$ _____	+
TOTAL:		\$ <u>98</u>	

Comments: _____
 Check #: 2096 Check Amount: \$20.00
 Athletic Director's Signature: [Signature] Date: 6/11/12

Facility Use Office Approval: [Signature] Date: 6/11/12



Remit to: Bellevue School District, PO Box 90010, Bellevue, Washington 98009-9010

INVOICE

C26173
ATHLETIC CAMPS NORTHWEST
PAT JONES
[REDACTED]
BELLEVUE, WA 98005

INVOICE # AR321871
DUE DATE BU#55378 07/31/12
AMOUNT DUE \$ 306.00

For questions about this invoice, please call: 425-456-4001

DATE	REF#	DESCRIPTION	AMOUNT
06/27/12	BU#55378	BHS-APPLICATION FEES	20.00
06/27/12	BU#55378	BHS-TURF USE	306.00
06/27/12	BU#55378	APP PAID CK#2095	-20.00

*PO#2109
7/29/12*

AMOUNT DUE \$



SYNTHETIC TURF FIELDS APPLICATION **AR321871** APPLICATION NO.
 Bellevue School District
 12037 NE 5th Street, Bellevue, WA 98005; 425-456-4500 **AR321877** **55378**

INSTRUCTIONS: PLEASE PRINT. The applicant is to complete PART I ONLY. The field manager or Athletic Director will insert all estimated costs based upon the applicant's user classification and information provided. For further information, refer to Policy 9500 and Procedures 9500.2, Community Use of District Synthetic Turf Fields.

PART I - APPLICANT INFORMATION

Name/Organization: Athletic Camps NW LLC School Field requested: Bellevue High School
 Contact Person: Pat Jones Dates: (attach list with dates if there are more than you are able to list below):
July 25 July 26 July 27
 Billing Address: [REDACTED]
Bellevue, WA 98005
 E-mail Address: [REDACTED] Day(s) of the Week: (circle all that apply) M T **W** **TH** **F** SA SU
 Daytime Phone: [REDACTED]
 Non-Profit? YES / NO Primary User: ADULT / YOUTH Beginning Time: 9 am
 Participation Fee/Charge? YES / NO Number of participants? 30 Ending Time: Noon

Nature of Activity: Fresh Football Camp

FEES: A \$20.00 non-refundable processing fee must accompany this application. Checks shall be made payable to Bellevue School District NO. 405.

CANCELLATIONS: Procedure 9500.2, Sections 2.6 and 2.7 outline applicant cancellations procedure and section 3.0 outlines District cancellation procedures

AGREEMENT: By the signing below, the applicant agrees to provide supervision/security for the requested dates indicated above. Applicant hereby verifies that they have read and agree to the terms and conditions on the reverse side of this document.

ACCEPTANCE OF TERMS: [Signature] TODAY'S DATE: 6/5/12
 APPLICANT SIGNATURE

The applicant, (please print legibly) [REDACTED] verifies that all coaches, athletes and their parents/guardians have complied with mandated policies and laws that relate to the management of concussions and head injuries as prescribed by BH 1824, Section 2. Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district and/or designee (Initial here [Signature])

Credit Card Payment Information:

Name on Credit Card: _____ Credit Card #: _____ Exp. Date: _____ Verification Code: _____
 Credit Card Mailing Address: _____ City: _____ State: _____ Zip: _____
 I hereby authorize Bellevue School District to charge my VISA or MasterCard \$ _____ Signature: _____ Date: _____

FOR SCHOOL/DISTRICT USE ONLY: PART II - FEES ESTIMATE

Calendarred by Site? YES / NO CLASSIFICATION: 1 **2** 3 4 Field Supervisor Assigned? YES / NO

Non-refundable Application Processing Fee: _____ Cr Cd / Cash \$20.00 POS

Item	Rate	Quantity	Total
Total Hours Requested			
Field Usage:	No. Hours	<u>9</u>	<u>\$ 306</u>
Field Supervisor	No. Hours	<u>X</u>	<u>\$ _____</u>
Lights	No. Hours	<u>X</u>	<u>\$ _____</u>
Ticket Booths:	Rate Per Event		<u>\$ _____</u>

RECEIVED
JUN 22 2012
ACCOUNTING

THE FOLLOWING SERVICES REQUIRE SPECIFIC APPROVAL BY THE FIELD SUPERVISOR

Locker Rooms	Rate Per Event	\$ _____	+	\$ _____
Concession Stand	Rate Per Event	\$ _____	+	\$ _____
Other Special Charge (itemized)			+	\$ _____
TOTAL:			+	\$ 306

Comments: _____

Check #: 2195 Check Amount: 306

Athletic Director's Signature: [Signature] Date: 6-7-12

Facility User (Name, Address, Phone): [Signature] Date: 6-19-12