



**Facility Use Prioritization Certification  
Community Services Department**

4730 Colby Avenue Everett, WA 98203 / P.O. Box 2098, Everett WA 98213-0098  
Phone: (425) 385-4045/ (425) 385-4046 Fax: (425) 385-4012

Priority	Description	Initials
<b>Group III</b> Nonprofit In-district Youth	Nonprofit groups/events that are exclusively for youth 20 years of age or younger with open enrollment and open participation of all ability levels with at least 80% of the youth living within the boundaries of Everett Public Schools, (i.e., scouting organizations, soccer leagues, little leagues, etc.).  I hereby certify that 80% of our group members/meeting attendees, as defined by our organization, live within the boundaries of Everett Public Schools. Yes <input type="checkbox"/> Total number of youth group members _____	_____
<b>Group IV</b> Select Nonprofit In-district Youth	Nonprofit groups/events that are exclusively for youth 20 years of age or younger with at least 80% of the youth living within the boundaries of Everett Public Schools whose participants are selected on a competitive or tryout basis and whose activities are not open to youth of all ability levels. If an organization is both "select" and "non-select" activities (i.e., select/premiere and club soccer teams), user fees shall be determined by applying Group III rates for the non-select activities.  I hereby certify that 80% of our group members/meeting attendees, as defined by our organization, live within the boundaries of Everett Public Schools. Yes <input type="checkbox"/> Total number of youth group members _____	_____
<b>Group V</b> Nonprofit Partial In-district Youth	Nonprofit groups/events that are exclusively for youth 20 years of age or under with more than 50% and less than 80% of the youth living within the boundaries of Everett Public Schools whose participants are provided activities for a season.  I hereby certify that between 50% and 80% of our group members/meeting attendees, as defined by our organization, live within the boundaries of Everett Public Schools. Yes <input type="checkbox"/> Total number of youth group members _____	_____
<b>Group VI</b> Private Schools K-12	Youth groups sponsored by a K-12 private school located within the Everett Public Schools boundaries.	_____
<b>Group VII</b> Nonprofit In-district Adult	Not-for-profit, local adult groups with 80% of the adults living within the boundaries of Everett Public Schools which have as their prime focus the interest and needs of the adults of the local community, including adult organizations with a nonprofit status, adult organizations approved by United Way and adult activities sponsored by government agencies, (i.e., adult recreational sports, homeowner associations, government agencies, organized community groups).  I hereby certify that 80% of our group members/meeting attendees, as defined by our organization, live within the boundaries of Everett Public Schools. Yes <input type="checkbox"/>	_____
<b>Group VIII</b> Other Youth	Youth groups or youth organizational activities which do not qualify under Groups III, IV, V or VI.	_____
<b>Group IX</b> Other Adult	Adult groups or organizational activities which do not qualify under Group VII.	_____
<b>Group X</b> For Profit	Includes all commercial and/or promotional activities such as for-profit presentations, (i.e., insurance TSA informational meetings, wedding receptions and private parties).	_____

*The User group designation on this form is correct. I understand that if my User group designation does or has changed, I must resubmit this form with updated information. I also understand that EPS may require me to update this form for the purposes of accurately billing me for facilities use.*

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Revised:7/2013