BOI FACILITY USE AGREEMENT/3RD RUNWAY ASSAULT STRIP COMPLEX

Boise Airport – 3201 Airport Way, Suite 1000 - Boise, Idaho 83705

Name of Organization:		Today's Date:		
Street Address:	City:	State:	Zip Code:	
Contact Person:	Phone Number:	Email Address:		
The Organization requests the date(s): $__$		From (time):	to (time):	
Will you need assistance gaining access to	the complex: Yes / N	o		
	Training area to be u	<u>sed</u>		
3 Rd Runway (Landing/touch & gos')	3 RD Runway (G	ound Surfaces)	Ryan Drop Zone	
FedEx B727 & Surrounding Ground A	rea 🗌 Other:			
Details of the training to be conducted:				
In exchange for use of the facility/complex, I, the	= = = = = = = = = = = = = = = = = = =	of the above-name	d organization, by my signature	
below, do hereby covenant, promise, & agree as f	follows:			
at the complex; & the Organization shall provide a aids brought into the facility/complex for training rof training -no on-site storage will- be permitted worganization shall maintain the cleanliness of all but the other items used/expended during training -failutorganization. & possible termination of the use pureported immediately, in writing, to 801 Ops; & the access key (if issued) shall be returned promptly to harmless Boise City & its employees, agents, & contraining& the Organization shall reimburse Boise City works involved in the training. Email completed form to a surface of Authorized Borrescontation.	must be approved prior to ithout prior written permiuildings, facilities. & other are to do so will result in the sunt to this Agreement; e Organization shall ensure BOI Ops at the end of transtractors, for all damage capity for all expenses resulting airportopssups@cityofboi	setup & shall be remession from the 801 Deareas; & the Organizate automatic assessme all damage to the feather facility & complening; & the Organizate used by the Organizate grom damage causese.org.	oved immediately after completion ep. Dir. of Ops & Security; & the ation shall remove all trash, barrels. ent of a fee against the facility or complex shall be ex is locked & secured, & the tion shall indemnify & hold ation or any person involved in the ed by Organization or any person	
Printed Name of Authorized Representative Sig	nature of Authorized Rep	resentative Repres	entative's Title Date	
To be filled out by the us	er at the beginning	and end of th	e training day.	
Actual Start	t Time: End	Time:		
	or BOI Airport Use			
Date Request Received:				
Date: E-mail I Phone Call Con	firmation:			
Cleaning Required: Yes / No Fee Assessed	\$ Repair Rec	uired: Yes / No	Total \$:	