



APPLICATION FOR USE OF FACILITIES

_____ Name of Person Making Request (please print)	_____ Phone Contact Number
_____ Name of Organization Making Request	_____ Email address
_____ Address of Organization Making Request	_____ Non-Profit Tax ID Number

FACILITY REQUESTED:		
Name of Facility Site: _____		
Date(s) of Use: _____		
Time of Use: (From – To) _____		
<input type="checkbox"/> Athletic Fields/Playground (FDS)	<input type="checkbox"/> Parking Lot (FDS / FES)	<input type="checkbox"/> Classroom (FDS / FES)
<input type="checkbox"/> Kitchen (FDS)	<input type="checkbox"/> Library (FDS / FES)	<input type="checkbox"/> Gymnasium (FDS / FES)
<input type="checkbox"/> Other: _____		

PURPOSE:	
To be used for: _____	
Is Attendance restricted? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: _____	
Admission charge? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much \$ _____ # of attendees: _____	
Special Arrangements/Set-Up: _____	
Furniture/Equipment requested: _____	
All set-up and break-down is the sole responsibility of the Applicant.	

STATEMENT OF APPLICANT:	
The undersigned applicant is a duly authorized by _____ to act on its behalf in requesting the use of school facilities, including, but not limited to, executing any agreement or undertaking required by law and district policy and regulations governing the use of the facilities. The organization shall comply with all restrictions placed on the use of the school facilities by law or district policy or regulations. The organization recognizes that, in accordance with Education Code 38134, it is liable for any damage to the school facilities or for any injury to any person due to the organization's negligence in using the school facilities.	
Applicant must initial here: _____ District reserves the right to rescind facility use if a conflict in school events arises.	
_____ Received information on insurance requirements, rates, deposits, and regulations for use.	
_____ Rental Fee and Deposit must be paid in advance.	
Applicant Signature: _____	Title: _____ Date: _____

District Office Use Only	
<input type="checkbox"/> Rental/Deposit Received Amount \$ _____ Date: _____	<input type="checkbox"/> Certificate of Insurance on File
Usage approved subject to the following conditions: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____
Superintendent Signature	Date