APPLICATION TO USE PUBLIC SCHOOL FACILITIES

(Please type or press firmly)

1. Facilities requested: School Site: ________________________ Room(s): ______________

2. Dates of requested use: One Time (Month/day/year) ________________________
   Ongoing 1) (List each date) ________________________
   or 2) Start date: ______________ End date: ______________

   Day(s) of the week: (circle one) Every _____ st/rd M T W Th F S Sun

3. Time facility needed (Bldg. opened 1/2 hour before time requested): From: _______ a.m./p.m. To: _______ a.m./p.m.

4. Personnel/equipment requested: ____________________________________________

5. Type of program or use: (See attached listing)
   ____ Nonprofit youth program
   ____ Nonprofit community program
   ____ For profit program

   Note: Designation of category and assignment of fees is subject to the Superintendent’s discretion.

6. The undersigned certifies that he/she:
   a. Will be responsible, on behalf of the organization, for any damage or unnecessary abuse of school facilities due to the occupancy of said premises by the organization. The organization agrees to abide by and enforce the rules and regulations of the district governing the use of buildings, ground and equipment.
   b. Understands that signing this application does not constitute approval for use of facilities until it has been approved by the school district and an approved copy has been returned to the applicant.
   c. Understands that a current Certificate of Insurance listing Spreckels Union School District as an additionally insured and showing minimum coverage of $1,000,000/occurrence and $2,000,000/general aggregate must be supplied before the request is approved. EXP: _______

7. I have read the regulations and stipulations on this form and agree to abide by them. I understand that failure to abide by the regulations may result in cancellation of the agreement.

__________________________________________________________
Name of applicant (please print)

__________________________________________________________
Mailing Address, City, Zip

__________________________________________________________
E-mail address

__________________________________________________________
Signature of applicant

__________________________________________________________
Date of application

__________________________________________________________
Telephone number

__________________________________________________________
Principal/Site approval

Custodian (per hour): __________ Other fees (per hour):_________ Rental fee (per hour):_________

White: District Yellow: Applicant