(415) 924-8050 (phone) (415) 924-8678 (fax)

ckryszewski@reedschools.org (email)

## **Facility Use Application / Permit**

So	chool Site Requested: (circle one)	Reed	Bel Aire	Del Ma		r	Granada	
Activ	vity / Event:							
	p Name	Name of	Event		#	in Attenda	nce	
Cont	act Person	P	hone		Cell Phone			
	ess							
Will a	an admission/donation/tuit	ion be ch	arged? Yes_		_ No	_		
If so	, what is the amount and pu	arpose? _						
Billi1	<b>ng:</b> (mandatory information –	applicati	on will be reje	cted	if this infor	mation is no	t included	
	ng Address				-			
Cont	act person		Phone		Cell Ph	one		
	i1							
	lity you are Requesting:							
•	se check one)			_	1 11 6 1 1			
	Multipurpose Room / Gym	•		_	seball field			
	Art/Music Room				ack			
	Classroom				acktop area	L		
	Kitchen				rking Lot			
	Soccer field			Ot	her:			
Equi	pment Needed:							
_	Chairs			P/	A System *			
	Tables			•	ghting Syste	em *		
	Overhead Projector			_	/ VCR			
	Projection Screen				, her:			
	Speaker Podium		$*R\epsilon$		e District Pe			
	-			-				

## Series of Dates and Times:

**Note: See attached school calendar.** When requesting a series of dates, please consider school holidays. If you do not specify that, you want to omit a date (for example, a date occurring during the School Winter break) then it will be assumed that you are requesting these dates and will be billed accordingly.

	Range of Dates	Day of the Week (please circle)				se c	ircle)	Times		
From:	To:	S	M	T	W	Th	F	Sa	From:	To:
From:	To:	S	M	T	W	Th	F	Sa	From:	To:
From:	To:	S	M	T	W	Th	F	Sa	From:	To:
From:	To:	S	M	T	W	Th	F	Sa	From:	To:
From:	To:	S	M	T	W	Th	F	Sa	From:	To:
From:	To:	S	M	T	W	Th	F	Sa	From:	To:
From:	To:	S	M	T	W	Th	F	Sa	From:	To:

## Terms and Conditions of this Application:

- 1. I understand it is necessary to provide a **certificate of insurance** for \$\_\_\_\_\_\_ which names the Reed Union School District, it's agents, employees, officers and members of the Board, as additional insured. I further understand that this request will become null and void if proof of such insurance is not obtained **prior** to event(s) being requested.
- 2. I agree that in the event our group cancels the permit that I may be charged the current rate of room and custodian fees, unless the School District receives written notice of cancellation at least five business days in advance.
- 3. I understand that unforeseen circumstances may arise requiring the District to rescind this permit. Unexpected need for facilities by RUSD functions may constitute such circumstances. If cancellation is necessary, the District will attempt to provide a minimum five-business day notice and a replacement location for the applicant.
- 4. The above organization does hereby agree to indemnify, defend, save and hold harmless the Reed Union School District, it's agents, employees, officers, and members of it's Board, against any claim, demand, loss, cost, suit or expense (including reasonable attorney's fees) of whatsoever nature and kind arising from damage to person or property as a consequence of the use of the above-mentioned school property.
- 5. I state, as a duly authorized representative of the above organization, that, to the best of my knowledge, the above-mentioned property will not be used for the commission of any crime, any act which is prohibited by law, or any act intended to further any program or movement, the purpose of which is to accomplish the overthrow of the government of the United States by force, violence, or other unlawful means. I also state that the organization on whose behalf I am making application for use of school property does not, to the best of my knowledge, advocate the overthrow of the government of the United States or of the State of California by force, violence, or other unlawful means, and that to the best of my knowledge, it is not a Communist action organization of Communist front organization required by law to be registered with the Attorney General of the United States. I further declare the above organization upholds and defends the Constitution of the United States and the State of California. These statements are made under the penalties of perjury.
- 6. In executing this declaration, I certify under penalty of perjury that the foregoing is true and correct. I have received a copy of the facilities handbook, and have reviewed the appropriate sections and special instructions associated with this use of Reed Union School District facilities. District employee overtime charge may be added to the user fees.

Applicant's Signature & Title Date
For District Use Only
Application Coordination & Approval:
School Administrator Coordination: yes no Date:
Comments:
Director of Maintenance and Operations: yes no Date:
Comments:
Total Fee: \$ Insurance amount: \$
REED UNION SCHOOL DISTRICT By:  Authorized Signature

## Facilities Setup Diagram: Use this page for setup requests.