

DENAIR UNIFIED SCHOOL DISTRICT

3460 Lester Road
Denair, CA 95316
632-7514 632-9194

APPLICATION FOR USE OF FACILITIES

School and Facility Requested _____

Name of Organization _____ Telephone # _____

Representative Name _____ SS#/ Tax ID No. _____

Mailing Address _____ City/Zip Code _____

Date(s) of Activity _____ Expected Attendance _____

Access Time _____ Starting time _____ Ending time _____

Description of Activity _____

List any special equipment needed _____

(Attach a diagram of any special set-up)

Admission charged or money collected? _____ How are funds to be used? _____

THE DISTRICT MAY CANCEL USE OF ANY GROUP AT ANY TIME UP TO 48 HOURS UNLESS DEEMED AN EMERGENCY OR UNFORESEEABLE CIRCUMSTANCE.

I understand that the rental fee, custodial fee and security deposit of \$200.00 must be received in the district office two weeks prior to use of facility. Necessary adjustments in charges will be made following use. The security deposit is refundable if the rented facility and equipment are left in proper condition.

The undersigned, as duly authorized representative for the above organization, states that, to the best of his/her knowledge, the school property for use of which application is hereby made will not be used for the commission of any crime or any act which is prohibited by law. The undersigned further declares that the above organization, on whose behalf he/she is applying for the use of school property, upholds and defends the Constitutions of the United States and the State of California. (BP Exhibit 1330, 6/9/11)

I certify that I represent the above organization and that said organization shall hold Denair schools, its officers and employees harmless, and indemnify and defend the Denair Schools, its officers and employees against the payment of any and all costs and expenses, claims, suits, and liability for bodily and personal injury to or death of any persons, and for death or injury or loss of any property, officers and employees, in performing or failing to perform any work, services or functions provided for or referred to or in any way connected with any work, services, or functions to be performed under this Agreement.

Signature of Applicant _____ Date _____

Proof of I.D. _____

Proof of Insurance _____

OFFICE USE ONLY

INVOICE

<u>ESTIMATED</u>	Date: _____	<u>ACTUAL</u>	Date: _____
Facility(s) Fee	_____	Amount Received	_____
Custodial Fee	_____	Facility(s) Fee	_____
Kitchen Staff Fee	_____	Custodial Fee	_____
Security Deposit	_____	Kitchen Staff Fee	_____
Total Due	_____	Security Deposit	_____
Amount Received	_____	Total Due/Refunded	_____

District Personnel Assigned: _____ Date _____