

## COMMUNITY USE OF SCHOOL FACILITIES

### APPLICATION FOR COMMUNITY USE OF DISTRICT FACILITIES

#### Part One: Required Applicant Information (Completed by applicant)

*Request to use PUHSD facilities must be initiated at least **10 business days prior** to the use date(s) requested.*

Organization \_\_\_\_\_ Date of Application \_\_\_\_\_

Designee 1 \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Designee 2 \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ ZIP \_\_\_\_\_

**Select One:** For-profit  Not-for-profit

*Non-profit organizations must submit supporting documentation from the IRS with this application.*

**Insurance:** Lessee must submit Certificate of Liability Insurance providing the coverage described in the Terms of the Lease Agreement. In addition, any third party (e.g., subcontractor) employed or sponsored by lessee must be specifically named as an insured in the Lessee's Certificate or must provide own Certificate.

Will you be employing/sponsoring any third parties as part of your activities? No  Yes  If "Yes", provide name and purpose: \_\_\_\_\_

Specific purpose of lease \_\_\_\_\_

Are you charging an admission fee? No  Yes  For what will the proceeds be used? \_\_\_\_\_

Are you charging a participation fee? No  Yes  For what will the proceeds be used? \_\_\_\_\_

Are you requesting that the District provide catering services? Yes  No  Est. # of People Attending: \_\_\_\_\_

Are you requesting permission to prepare and/or serve food (including beverages), other than food that is provided in a closed package or container, during this activity? Yes  No

#### Details of Facility Use Request

Date(s)	Day(s)	Time(s) MUST include set-up/clean-up	School Name	Space (Room, field, etc.)	Age Group	Estimated Number of Participants	Restrooms
							Y N
							Y N
							Y N
							Y N

Authorized Signature of Representative (must be signed): \_\_\_\_\_

#### Part Two: For School Use Only (Approval Decision by the Unit Administrator)

Application is: Approved  Approved in Part  Disapproved

Comments: \_\_\_\_\_

Signature of Principal/Principal's Designee \_\_\_\_\_ Date: \_\_\_\_\_