

APPLICATION FOR USE OF SCHOOL FACILITIES

Dixon Unified School District, 180 South First Street, Suite # 6, Dixon, CA 95620
(707) 678-5582

- Copies to:**
- Applicant
 - School Site
 - Custodian
 - Maint./Operations
 - Cafeteria
 - P. E Dept.
 - Business
 - Other _____

Submit NO LATER than three weeks in advance of the requested date

Not Valid Permit without Permit No. and signed by Facility Use Office.

Name of the Organization: _____	Name of Authorized Agent: _____	Today's Date: _____
Home or Business Address: _____		
City: _____	Zip: _____	Home Phone: _____
		Work Phone: _____
Title and/or Office and name of Person Authorized to Apply _____		

HEREBY MAKES APPLICATION FOR THE USE OF THE FOLLOWING	
School _____	Room/Grounds _____
For: (Education-Social-Athletic-etc.) _____	Purpose: (Match -Tournament-Class-Dance-Dinner) Please Explain _____

Holidays, Sundays, and Summer Use is Restricted Facilities may not be available when school is not in session, including seasonal recesses, holidays, and Sundays. All events must end no later than 9:30pm and start no earlier than 8:00am. Approval to use athletic fields **is canceled if it rains with the 72 hour period preceding the event. If it rains the week of the event you must contact the Dixon Unified School District before the field can be used.**

DAY	MONTH	DATE/S	HOURS	DAY	MONTH	DATE/S	HOURS
Example:Monday	Ex: Sept	1,8,15	8-10am	Example:Monday	Ex: Sept	1,8,15	8-10am

*Individual present and responsible for the supervision of the event _____ Cell Phone# _____

<p>1) Is an alternative (non-school) location available for this activity? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2) Will admission be charged? Yes <input type="checkbox"/> No <input type="checkbox"/> If so how much \$ _____ per person.</p> <p>Use of proceeds is for: _____</p> <p>3) Estimated Attendance _____ Age Group _____</p> <p>4) Are any special support services requested? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify equipment (there is an extra cost for equipment, chair set up, etc.) _____</p>	<p>5) Certificate of Insurance & Policy Endorsement furnished? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6) Are contributions, dues, registration fees, or other donations to be received? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, expected amount \$ _____</p> <p>Use of proceeds is for: _____</p> <p>7) Will this meeting be open to the public? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8) Is a custodian required? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what hours? From _____ To _____</p>
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DECLARATION OF APPLICANT HOLD HARMLESS & INDEMNIFICATION AGREEMENT

_____ (organization/applicant) SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE DIXON UNIFIED SCHOOL DISTRICT, ITS BOARD OF TRUSTEES, AGENTS AND EMPLOYEES, INDIVIDUALLY AND COLLECTIVELY, FROM AND AGAINST ALL COSTS, LOSSES, CLAIMS, ACTIONS, AND JUDGEMENTS ARISING FROM PERSONAL INJURIES, PROPERTY DAMAGE OR OTHERWISE THAT MAY ARISE DURING OR RESULT IN ANY WAY FROM, OR BE ALLEGED TO BE CAUSED BY, THE UNDERSIGNED'S USE OR OCCUPANCY OF DISTRICT FACILITIES, FURNITURE OR EQUIPMENT, INCLUDING PREMISES LIABILITY, REGARDLESS OF CAUSE. THE UNDERSIGNED FURTHER AGREES TO PROVIDE A CERTIFICATE OF INSURANCE FOR LIABILITY COVERAGES SATISFACTORY TO THE DISTRICT.

I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damages sustained by the school building, furniture, equipment, or grounds occurring through the occupancy or use of said building and or grounds by the applicant.

I hereby certify that I have read the rules, regulations, conditions and terms regarding this application for use of district facilities and that I and the applicant which I represent, will abide by them and will conform to all applicable provisions of the Constitution and laws of California and to all other rules and regulations of the Board of Education and its authorized agents which may be communicated to the applicant.

It is agreed that in the event this permit is canceled by the applicant no refund will be made and that changes in date or extension of time shall be made only as specified by the rules governing use of school facilities.

In executing this declaration I certify that I have been duly authorized by the organization to act in its behalf in making application for use of said facilities.

Signature of Authorized Individual _____	Print Name _____	Organization _____	Evening Phone: _____
Address of the Individual Making Application: _____		Day Phone: _____	Evening Phone: _____

This application is subject to cancellation due to unavoidable emergencies related to the education program or inclement weather

RECOMMENDATIONS/APPROVALS

Do Not Write Below This Line

<p>School Principal Check one or more and sign</p> <p>1. <input type="checkbox"/> The premises requested is available pending District Approval</p> <p>2. <input type="checkbox"/> The premises will not be available this school year</p> <p>3. <input type="checkbox"/> Other _____</p>	<p>4. <input type="checkbox"/> Custodian will be needed to clean up.</p> <p>5. <input type="checkbox"/> Custodian not on duty. Security will be needed to: <input type="checkbox"/> Open <input type="checkbox"/> Close</p> <p>6. <input type="checkbox"/> Restroom Facilities required</p> <p>School Principal _____ Date _____</p>
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Notes: _____	
Facility Use Permit Approved by: (Not a valid Permit without signature) _____	Date Approved _____

KEEP THIS APPLICATION WITH YOU AT ALL TIMES.

Web _____ Invoice _____ Spread sheet _____ Mailed _____ Passed out _____