

Western Placer Unified School District

APPLICATION AND AGREEMENT FOR USE OF FACILITIES

NOTE: Applicant must read the rules and regulations, and conditions for use of district facilities prior to completing this form.
 TO BE COMPLETED BY APPLICANT: (Application must be submitted ten (10) working days prior to first event.)

Organization: _____ Tax ID# _____
 Represented by (Name and Title): _____ Non-Profit# _____
 Billing Address: _____ City/State/Zip _____
 Email Address: _____ Phone No. _____ Cell Phone No. _____
 School Site(s) Requested: _____ Will be used: One-Time _____
 Purpose or Type of Use: _____ Monthly _____
 Date(s) Requested: _____ Other _____
 Date(s) Excluded: _____ Hours to be used: _____ to _____
 Day(s) of the week: M TU W TH F SA SU Donations Solicited: YES NO
 Admission/Registration Fee Charged: YES NO Estimated Attendance: _____

AFFIDAVIT IN ACCORDANCE WITH EDUCATION CODE SECTION 38136: The undersigned 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 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. That _____ the organization on whose behalf he/she is making application for use of school property, does not, to the best of his/her 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 his/her knowledge it is not a communist-action organization or community-front organization required by law to be registered with the Attorney General of the United States. This statement is made under the penalties of perjury.

INSURANCE REQUIREMENTS:
 Western Placer Unified School District requires a Certificate of Insurance, and if necessary, an endorsement to your insurance policy before your application can be approved. Insurance must be for Commercial General Liability, with limits not less than \$1 million per occurrence. Western Placer Unified School District must be listed as additional insured. Your insurance agent can provide required certificate and endorsement.

HOLD HARMLESS AGREEMENT:
 Applicants hereby agree to hold the Western Placer Unified School District, its Governing Board, the individual members thereof, and all district officers, agents and employees free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by such occupancy of school property. The applicant agrees to reimburse the school district for any damage to school property occasioned by or growing out of use herein requested.

I HAVE READ THE RULES AND REGULATIONS, AND FEE SCHEDULE RELATING TO THE USE OF SCHOOL FACILITIES AND ACCEPT RESPONSIBILITY FOR MEETING THE REQUIREMENTS STATED HEREIN AND FOR PAYING THE BALANCE OF THE ACTUAL FEE UPON RECEIPT OF INVOICE.

AUTHORIZED SIGNATURE OF APPLICANT: _____ **DATE:** _____

Indicate number requested:

_____ Multi-Purpose Room	# of hours _____
_____ Gymnasium	# of hours _____
_____ Classroom(s) #	# of hours _____
_____ Fields/Parking Lot	# of hours _____
_____ Kitchen (FS approval req.)	# of hours _____
_____ Theatre/with lights	# of hours _____
_____ Cafeteria	# of hours _____
_____ Lockers	# of hours _____
_____ Uchh OT	# of hours _____
_____ Tables (5 @ \$15.00 per day)	
_____ Chairs (100 @ \$25.00 per day)	

DISTRICT ACCOUNTING OFFICE			
ESTIMATED FEES PER EVENT			
(per Schedule of Facility Use Fees)			
@ \$ _____	=	\$ _____	
@ \$ _____	=	\$ _____	
@ \$ _____	=	\$ _____	
@ \$ _____	=	\$ _____	
@ \$ _____	=	\$ _____	
@ \$ _____	=	\$ _____	
@ \$ _____	=	\$ _____	
@ \$ _____	=	\$ _____	
@ \$ _____	=	\$ _____	
@ \$ _____	=	\$ _____	
@ \$ _____	=	\$ _____	
		Total	\$ _____

SITE APPROVAL:
 Approved by: _____ Date: _____
 Signature _____
 Print Name _____
 Insurance Certificate received: YES _____ NO _____ N/A _____ Expires on: _____
 Approved by: _____ Date: _____
Security Deposit received: (One time user) The lesser of estimated fees or \$150.00 \$ _____

BUSINESS SERVICES:
 Category Designation from Fee Schedule (Circle One): I II III
 Approved by Director of Business Services or Designee: _____ Date: _____

WESTERN PLACER UNIFIED SCHOOL DISTRICT

**RULES AND REGULATIONS
CONDITIONS FOR USE OF FACILITIES**

1. Accounting Personnel will calculate *estimated* fees in accordance with the current fee schedule. Amounts not paid to the Western Placer Unified School District within 90 days will be sent to a collection agency.
2. Verify insurance documentation is appropriate.
3. Registration and supervision of the facilities must be by a responsible adult (21 years of age or older).
4. Tobacco products, alcohol and any controlled substances are not allowed on any District property.
5. Use is confined to the area(s) named in the approved application, with appropriate corridor and lavatory facilities. Approval of the application does not guarantee exclusive access to the facilities.
6. No materials are to be taped, tacked, stapled, glued or pinned to any surface unless designated for such purpose.
7. All users must provide their own supplies (i.e., easel, easel pad, marking pens, pencils, note paper, etc.).
8. Secretarial and telephone services are not provided.
9. It shall be the responsibility of the group using the building to supervise all participants. Applicant must return the facility to its original arrangement and condition (chairs, tables and white boards). Any damage caused by user will be billed to user.
10. Custodial staff will make periodic inspections of the facility and will interrupt to clean spillage of food and beverage as necessary. User will be charged for all custodial costs incurred. In case of emergency contact: _____
NAME TELEPHONE
11. Reservation is tentative until Application and Agreement for Use of Facilities form is properly completed. This cannot occur until an insurance certificate is provided, security deposit paid, and application form is approved by an *authorized* District-level official.

Event Coordinator: _____

I agree to above Rules and Regulation conditions for Use of Facilities.

Date: _____

WPUSD Staff: _____

Time in: _____ Time out: _____

Damage or comments: _____

(Forward to Business Office at the end of the event)