

BANNING UNIFIED SCHOOL DISTRICT USE OF FACILITIES APPLICATION & AGREEMENT NON DISTRICT SPONSORED EVENT

Submission of this form does not constitute approval. A copy will be returned to organization marked **approved or **denied**.**
Applicants must be able to produce an approved copy of the application by the site on the day of the event.
Lack of such document could be grounds for dismissal from the facility with no refund due to organization.

APPLICANT/ORGANIZATION INFORMATION

Name of Organization: _____ Contact Phone: _____
 Billing Address: _____ Alternate Phone: _____
 Authorized Contact Person: _____ Contact E-mail _____

STATEMENT OF INFORMATION AS REQUIRED BY EDUCATION CODE NO. 19441: 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-front organization required by law to be registered with the Attorney General of the United States. **THIS STATEMENT MADE UNDER THE PENALTIES OF PERJURY**

Authorized Officer _____ Title _____
 Authorized Signature _____ Date _____

EVENT INFORMATION

Event: _____
 Open to the Public: Yes No Expected Attendance _____ Will admission be charged or donation accepted: Yes No

Certificate of Insurance naming the district as additional insured to a minimum of \$1,000,000.00 must be attached with application.

Please Note: District sponsored events take precedence over outside agencies. There is a possibility that a District program may pre-empt your scheduled use. In the rare event you are pre-empted, a choice of an alternative location may be offered or a full refund for that use will be granted. The District shall not be held liable in any way for any pre-emptions.

SITE REQUEST INFORMATION

Site being Requested: _____
 Date of Event*: _____ Mon Tues Weds Thurs Fri Sat Sun
 Start time of event _____ am/pm End time of event _____ am/pm Total Hours Requested _____

*For multiple dates please attach a schedule.

FACILITY/EQUIPMENT REQUEST INFORMATION

- | | | | | | |
|--|---|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Athletic Field/Lawn** | <input type="checkbox"/> Field Lining** | <input type="checkbox"/> Library | <input type="checkbox"/> Music Room | <input type="checkbox"/> Stadium** | <input type="checkbox"/> Overhead |
| <input type="checkbox"/> Athletic Field w/Lights** | <input type="checkbox"/> Gymnasium** | <input type="checkbox"/> Multi-Purpose Room | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Stadium w/Lights** | <input type="checkbox"/> P.A. System |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Gymnasium w/Locker Room **_Boys ___Girls | <input type="checkbox"/> Pool** | <input type="checkbox"/> Restrooms | <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Scoreboard |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Kitchen* | <input type="checkbox"/> Multi-Purpose w/Kitchen* | <input type="checkbox"/> Restrooms | <input type="checkbox"/> Chairs | <input type="checkbox"/> Tables |
| <input type="checkbox"/> D.O. Conference Room | <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Lectern | <input type="checkbox"/> TV/Monitor |

*= requires Kitchen Facilities Approval; **= requires Athletic Facilities Approval

BANNING UNIFIED SCHOOL DISTRICT IS A TOBACCO FREE ZONE – NO SMOKING ON DISTRICT PROPERTY.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE SITE.

Revised 03/01/2012

USE OF KITCHEN FACILITIES:

Kitchen facilities are available after 2:00 p.m. on days when school is in session.

Time of Use: From _____ a.m./p.m. to _____ a.m./p.m. No. Persons to be served _____ Coffee Urn Needed

A Food Service employee of the district must be present whenever kitchens are used. Service fees may apply in accordance with district board policy. Questions should be directed to Nutrition Services Department at (951) 922-0217

APPROVED **DENIED** Director of Nutrition Services (if kitchen use is requested) _____ Date _____

Comments: _____

USE OF ATHLETIC FACILITIES:

Questions should be directed to Maintenance, Operations & Transportation at (951) 922-0274.

APPROVED **DENIED** Director of MOT (if athletic use is requested) _____ Date _____

Comments: _____

APPLICANT CERTIFICATION

I hereby certify that I shall be personally responsible on behalf of our organization for any damage or unnecessary abuse of school buildings, grounds or equipment growing out of the occupancy of said premises by our organization. I agree to abide by and enforce Board Policy and rules and regulations (attached) of the Banning Unified School District governing the non school use of buildings, grounds and equipment, and hereby acknowledge receipt of a copy of said rules and regulations.

Applicant's Name (Please Print) _____

Applicant's Signature _____ **Date** _____

SITE APPROVAL

Site will be responsible for the necessary set-up. Site will require the assistance of MOT for the necessary set up.

APPROVED **DENIED** Principal's Signature _____ Date _____

Send completed form to the Business Office for approval

BUSINESS OFFICE APPROVAL

Group 1 **Group 2** **Banning Unified School District Entity**

Certificate of Insurance to the Business Office naming district as additional insured to a minimum of \$1,000,000.00 received by District on _____

Facility Rental Fee: \$ _____/hr. x _____ hrs. = \$ _____ **Labor Fee for District Employee:** \$ _____/hr. x _____ hrs. = \$ _____

TOTAL FEES: \$ _____ **Invoice #** _____ **NO CHARGE**

APPROVED **DENIED** Assistant Superintendent, Business _____ **Date** _____

Application Disbursement:

Business Office File	Date Sent _____	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> District Mail
School Site	Date Sent _____	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> District Mail
Applicant	Date Sent _____	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> District Mail
Nutrition Services	Date Sent _____	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> District Mail
MOT	Date Sent _____	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> District Mail

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