

Cutler-Orosi Joint Unified School District

Application for a Facility Use Permit

Completed applications must be submitted 10 days prior to the first scheduled event.

DIRECTIONS FOR COMPLETING THE APPLICATION FOR A FACILITY USE PERMIT

1. Complete **ALL** areas of the application indicated as "TO BE COMPLETED BY APPLICANT."
2. Obtain approval from the site administrator.
3. Deliver the site approved application, with **ALL** required documents, insurance forms and estimated use fees, to the Director of Facilities at the District Office. Incomplete applications will not be accepted or scheduled.
4. A District approved application will be sent to the applicant. This will serve as the permit.

TO BE COMPLETED BY APPLICANT

Organization:			Non-Profit ID #:	
Billing Address:			Telephone:	
			Cell Phone:	
Authorized Representative:			Email Address:	
Site Requested: <input checked="" type="checkbox"/>	Cutler Elementary School	<input type="checkbox"/>	Golden Valley Elementary	<input type="checkbox"/>
	El Monte Middle School	<input type="checkbox"/>	Orosi High School	<input type="checkbox"/>
	Yettem High School	<input type="checkbox"/>	Family Education Center	<input type="checkbox"/>
		<input type="checkbox"/>	Palm Elementary School	<input type="checkbox"/>
		<input type="checkbox"/>	Lovell High School	<input type="checkbox"/>
		<input type="checkbox"/>	District Office	<input type="checkbox"/>

Facilities Requested:

Multi-purpose
 Gym
 Kitchen
 Grounds
 Conference
 Library
 Classroom(s) Rm. # _____

Dates of Use: <small>Sport leagues must provide a game schedule.</small>	Start Time: <small>This includes the time you want the doors opened and time you will need to set up or prepare food.</small>	Stop Time: <small>This is the time you will leave and the doors will be locked.</small>	Total Hours:	Equipment Requested: <small>Please review the fee schedule for applicable charges. Lights, tables, chairs, PA system, markings on the play fields, podium, kitchen and/or cafeteria, etc.</small>	Person in Charge: <small>Provide name and phone number.</small>

Grounds: Is field use for: **games only**
practices only
both
other _____

Kitchen/Cafeteria use: Provide name and phone for person in charge of your food preparation if different from above. Name: _____ Phone: _____

Insurance Requirements: The applicant agrees to enforce its indemnity and hold harmless obligations, and obtain and maintain in full force for the duration of this agreement, insurance respective of the use of said facility. Applicant's insurance policy shall be at a minimum, Comprehensive General Liability, with limits **no less than \$1 million on a per occurrence basis and \$2 million in the aggregate**. Cutler-Orosi Joint Unified School District shall be listed as an Additional Insured endorsed to said policy and such insurance shall be primary. Insurance shall be evidenced by a Certificate of Insurance, with the Additional Insured endorsement attached.

BY SIGNING BELOW, I CERTIFY THAT I HAVE RECEIVED, READ, UNDERSTAND AND AGREE TO ABIDE BY THE APPLICATION PROCEDURES, CONDITIONS OF USE, PROHIBITED ACTIVITIES, FEE SCHEDULE, HOLD HARMLESS AGREEMENT AND INSURANCE REQUIREMENTS. I CERTIFY THAT I HAVE BEEN DULY AUTHORIZED BY THE HEREIN SET FORTH APPLICANT TO ACT IN ITS BEHALF IN SUBMITTING THIS APPLICATION. I ACCEPT RESPONSIBILITY FOR MEETING ALL REQUIREMENTS STATED IN THE DOCUMENTS AND APPLICATION AND FOR PAYING ALL FEES ASSOCIATED WITH THE USE OF SCHOOL FACILITIES. THE ORGANIZATION RECOGNIZES THAT, IN ACCORDANCE WITH ED. CODE 38134, IT IS LIABLE FOR ANY DAMAGE TO SCHOOL FACILITIES OR FOR ANY INJURY TO ANY PERSON DUE TO THE ORGANIZATION'S NEGLIGENCE IN USING THE SCHOOL FACILITIES. (ALL LISTED DOCUMENTS CAN BE FOUND ON AND PRINTED FROM THE DISTRICT WEBSITE AT www.cojused.org UNDER "FACILITIES" IN THE "DEPARTMENTS" DROPDOWN MENU.)

Print name: _____ Authorized signature: _____ Date: _____

TO BE COMPLETED BY DISTRICT PERSONNEL

SITE ADMINISTRATOR APPROVAL	FEES AND INSURANCE	FACILITIES DIRECTOR APPROVAL
Signature: _____	Estimated fees paid: Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Signature: _____
Print name: _____ Date: _____	Hold Harmless Agreement: Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Print name: _____ Date: _____
	Insurance proof submitted: Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
Copy sent to: Advisor <input type="checkbox"/> Site Administrator <input type="checkbox"/> Site Custodian <input type="checkbox"/> Food Service Director <input type="checkbox"/> Maintenance Director <input type="checkbox"/> Date: _____		