

Date: _____

* 2 sided form / sign both sides

REQUEST FOR USE OF SCHOOL FACILITIES

SITE APPROVED FORM MUST BE RECEIVED BY DISTRICT OFFICE AT LEAST ONE WEEK PRIOR TO EVENT
YOU MUST HAVE YOUR APPROVED FORM WITH YOU WHILE ON OUR SITES
ALL SITES HAVE PRIORITY USE OF THEIR FACILITIES YOU COULD BE BUMPED

PACIFIC GROVE UNIFIED SCHOOL DISTRICT

Phone: 831-646-6517 435 HILLCREST AVENUE, PACIFIC GROVE, CA, 93950 Fax: 831-646-6582

Name of Organization: _____ Non-Profit Organization: Yes / No

Type of program to be presented _____

Number of participants or audience anticipated: _____ Admission fees or contributions solicited? Yes / No Amount \$ _____

Date(s) requested _____ Day(s) of the week: _____

Time(s) requested From: _____ To: _____

Facility: School: _____ (1st choice) _____ (2nd choice)
Specify what area you are requesting (Library, Gym, Field etc.)

Special Arrangements: _____

As stated in California Education Code Section 38134(i), I understand that I hold the Pacific Grove Unified School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with said use of the District's facilities. I also understand that I may be required to provide a certificate of insurance covering this request.

* I understand that no food or drink is allowed in our facilities without prior approval and the cost of the repair of any damage caused by this activity will be the responsibility of the applicant _____ (Initials required)

* I understand that PGUSD is an Alcohol\Smoke Free\Tobacco Products Free District and these items and\or their use and\or possession are prohibited while on our facilities _____ (Initials required)

*Applicant: _____
Signature _____ Printed Name _____

Phone : _____ Address: _____

Fax : _____ email: _____

Contact person (if different): _____ Phone: _____

To be completed by District Personnel Sect'y _____ Date _____

() Recommend approval
Room or area assignment _____
() Recommend disapproval
Explanation _____

Principal: _____ Date: _____

District: _____ Date: _____ Group Type: _____

Fee \$ _____ per hour/event @ _____ hours Total \$ _____ one time () monthly ()

____ Custodian ____ Food Service Personnel Required : Fee \$ _____ per hour x _____ hours Estimated Total \$ _____

____ **Proof of Liability Insurance is required. \$1,000,000.00 minimum** **Actual Total \$** _____
____ **Security Deposit Required** **(OVER)** _____

STATEMENT OF INFORMATION (EC 38136)

The undersigned state that, to the best of his or 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 or she is making application for use of school property, does not, to the best of his or 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 or her knowledge, is not a Communist action or Communist 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.

*

Signature

Date