

CUSTOMER #:
Classification:

Application Fee:	
Amt Paid: _____	Date: _____
Ck # _____	
Online Pmt Ref # _____	
Rcvd By: _____	

ELK GROVE UNIFIED SCHOOL DISTRICT Application for Use of School Facilities

Complete applications must be submitted 30 days prior to the first scheduled event.

NOTE: For non-sports related requests, applicants are advised to visit the facility to ensure it meets their needs and to verify availability, prior to completing the application.

DIRECTIONS FOR COMPLETING THE APPLICATION FOR USE OF SCHOOL FACILITIES

1. Complete **ALL** areas of application indicated as "TO BE COMPLETED BY APPLICANT". **(Shaded areas are for District use only.)**
2. Obtain site approval.
3. Deliver site approved application, with **ALL** required documentation and application fees, to the Fiscal Services office located at 9510 Elk Grove Florin Road, Room 205, Elk Grove, CA 95624. Incomplete applications will not be accepted.
4. District approved application will be sent electronically to the email address provided. **THIS WILL BE THE USE PERMIT.**

TO BE COMPLETED BY APPLICANT (all areas must be completed)

Organization: _____	Non-Profit ID#: _____
Billing Address: _____	Telephone #: _____
_____	Email Address: _____
Represented by: _____	Estimated Attendance: _____
Donations Solicited: <input type="checkbox"/> Yes <input type="checkbox"/> No	Purpose of Use: _____
Admission/Registration Fee Charged: <input type="checkbox"/> Yes <input type="checkbox"/> No	If application fee paid online, enter reference #: _____

District/School Site Requested:

Equipment Requested: _____

Start Date	End Date	Day(s) of the Week	Start Time	End Time	Facility (See description on fee schedule.)	Event ID

Excluded Dates: _____

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 representative named above and 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.

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT: The applicant agrees to indemnify, hold harmless and defend EGUSD, its officials, employees, volunteers, students and guests from any and all losses to the applicant's and district's property, persons and claims arising from the applicant's use of said facility.

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 applicant's 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. EGUSD shall be listed as 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.

I HAVE READ THE DISTRICT APPLICATION PROCEDURES FOR USE OF SCHOOL FACILITIES, CONDITIONS FOR USE OF FACILITY AND FEE SCHEDULE RELATING TO THE USE OF SCHOOL FACILITIES (THESE CAN BE FOUND ON THE DISTRICT'S WEBSITE AT WWW.EGUSD.NET THROUGH THE COMMUNITY LINK). I ACCEPT RESPONSIBILITY FOR MEETING ALL REQUIREMENTS STATED THEREIN AND FOR PAYING ALL DEPOSITS AND FEES ASSOCIATED WITH THE USE OF SCHOOL FACILITIES.

Authorized Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY DISTRICT		
ADMINISTRATOR APPROVAL:	RISK MANAGEMENT APPROVAL:	FNS APPROVAL:
Signature: _____	Meets requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____
Print Name: _____	Certificate expires on: _____	Print Name: _____
Date: _____	Approved by: _____	Date: _____
FISCAL SERVICES APPROVAL:		
Signature (Director of Fiscal Services or designee): _____		Date: _____