



BURBANK UNIFIED SCHOOL DISTRICT
Facilities Services
 510 South Shelton Street Burbank, California 91506

Approval # _____

APPLICATION FOR USE OF FACILITIES

CONTACT INFORMATION:

Organization's Name _____	Mailing Address _____
Non-Profit Organization? Yes _____ No _____ (If yes, attach proof of non-profit status)	_____
Applicant's Name _____	Email _____
_____	Phone _____ FAX _____

FACILITY INFORMATION:

School Requested _____	Facility Needed _____
Dates Requested: (List individually)	(Auditorium, Gym, Classroom, etc.)
Day of Week _____	Time AM/PM: (Facility opening/closing)
Mo/Day/Year _____	_____
_____	_____
_____	_____

EVENT INFORMATION:

Purpose of Event _____	Fee Charged or Donation Accepted? Yes _____ No _____
Number of Participants _____ Spectators _____	Event (will) (will not) be open to the general public.
Equipment Requests: (Subject to availability)	Special Needs:
_____	_____
_____	_____

CUSTODIAL SUPPORT REQUESTED:

Hours/Date(s) Needed _____
 Custodial Support Funded By _____ *Your costs will continue to increase until your group leaves the premises!*
(When no custodial staff is on site and for weekend use, there is a 3-hour minimum – approximate cost of \$105.00)

We hereby certify that we shall be responsible on behalf of our organization for any damage sustained by the school premises, furniture or equipment because of the occupancy of said premises by our organization, and we have signed and attached the appropriate Hold Harmless Agreement applicable to our user status. We agree to pay a non-refundable \$50.00 processing fee (Category II and III only). We, the organization, have read and agree to abide by and to enforce the rules, regulations and policies of the Burbank Board of Education governing the use of school facilities as printed on the reverse side hereof.

Applicant's Signature _____	Date _____
Title _____	Phone _____
(See Regulation 13 on reverse)	

Copy of Current and In Force Certificate of Insurance MUST be in Applicant's and/or Organization's Name and MUST be attached to this application. Liability Insurance Carrier _____

BURBANK UNIFIED SCHOOL DISTRICT USE ONLY:

Site Recommendation:
 Yes _____ No _____
 _____ Principal _____ Date _____

Approved: _____ Date _____
 _____ Director of Facilities _____

White – District Service Center Copy Yellow – School Copy Pink – Applicant's Copy