APPLICATION FOR USE OF FACILITIES

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

FACILITY INFORMATION:
School Requested __________________________
Dates Requested: __________________________
(List individually)
Day of Week _______________________________
Mo/Day/Year ______________________________
Facility Needed ____________________________
(Auditorium, Gym, Classroom, etc.)
Time AM/PM: ______________________________
(Facility opening/closing)

EVENT INFORMATION:
Purpose of Event ___________________________
Number of Participants ______________________
Spectators _________________________________
Equipment Requests: ________________________
(Subject to availability)
Fee Charged or Donation Accepted? Yes _____ No _____
Event (will) (will not) be open to the general public.
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 _______________________
Title ____________________________________
(See Regulation 13 on reverse)
Date __________________ Phone _____________

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: ________________ Director of Facilities
Date __________________

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

REPORT OF USE (Concerns, Violations, Damages, Etc.):
(To be completed by the custodian working the use)

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