

SCHOOL COMPLETION: Site Location # _____ Site Tracking # _____

USE OF FACILITIES APPLICATION & AGREEMENT

Request is hereby made for the use of _____ School premises on _____ date(s).

Time of Use: From _____ a.m./p.m. to _____ a.m./p.m. Expected Attendance: _____ Open to the Public: Yes No
 Will admission be charged or donation accepted? Yes No What will proceeds be used for? _____
 Purpose of meeting: _____

PLEASE CHECK FACILITY/EQUIPMENT REQUESTED

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Multi-Purpose Room | <input type="checkbox"/> High School Gym | <input type="checkbox"/> P.A. System |
| <input type="checkbox"/> Library | <input type="checkbox"/> Multi-Purpose w/Kitchen | <input type="checkbox"/> Football Field | <input type="checkbox"/> Lectern |
| <input type="checkbox"/> Music Room | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Locker Room ____Boys ____Girls | <input type="checkbox"/> Overhead |
| <input type="checkbox"/> D.O. Conference Room | <input type="checkbox"/> Auditorium | <input type="checkbox"/> Athletic Field or Lawn | <input type="checkbox"/> TV/Monitor |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Unimproved Field | <input type="checkbox"/> Tables | <input type="checkbox"/> Chairs |

USE OF KITCHEN FACILITIES: (Kitchen facilities are available after 2:00 p.m. on days when school is in session)

Time of Use: From _____ a.m./p.m. to _____ a.m./p.m. No. Persons to be served _____ Coffee Urn Needed

A Food Service employee of the district must be present whenever kitchens are used. Service fees may apply in accordance with district board policy. Duties of Food Service employees attached. Questions should be directed to Nutrition Services Department at (951) 922-0217.

Date _____ ⇒ Approval of Director of Nutrition Services (if kitchen is requested) _____

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 We hereby certify that we shall be personally responsible on behalf of our organization for any damage or unnecessary abuse of school buildings, grounds or equipment growing out of the occupancy of said premises by our organization. We agree to abide by and enforce Board Policy and rules and regulations (attached) of the Banning Unified School District governing the non school use of buildings, grounds and equipment, and hereby acknowledge receipt of a copy of said rules and regulations. *(please print)*

Name of Applicant/Organization _____
 Mailing Address _____ Home Phone _____ Cell Phone _____
 Date _____ ⇒ Applicant's Signature _____

STATEMENT OF INFORMATION AS REQUIRED BY EDUCATION CODE NO. 19441: 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 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-front organization required by law to be registered with the Attorney General of the United States. **THIS STATEMENT MADE UNDER THE PENALTIES OF PERJURY.**

Title _____ ⇒ Applicant's Signature _____

SITE APPROVAL- *(send completed form to the Business Office for approval)*

Facilities are available on the date and time requested. Date _____ ⇒ Principal's Approval _____

BUSINESS OFFICE APPROVAL - *Approved Subject To The Following Conditions:*

- Provide Certificate of Insurance to the Business Office naming district as additional insured to a minimum of \$1,000,000.00 one-week prior to event.
 Date Certificate of Insurance Received by District _____
- Facility Rental Fee _____ Category # _____
- Labor Fee for District Employee _____ Total Fees _____
- No Charge INVOICE # _____ ⇒ Approval Assistant Superintendent, Business _____

BANNING UNIFIED SCHOOL DISTRICT IS A TOBACCO FREE ZONE - NO SMOKING ON DISTRICT PROPERTY