

APPLICATION FOR USE OF FACILITIES (EXHIBIT A)

Name of Person Making Request (please print) _____
Email address (print clearly) _____
Name of Organization Making Request _____
Non-Profit Tax ID Number _____
Address of Organization Making Request _____
Phone Contact Number _____

FACILITY REQUESTED:

Name of Facility _____
Date(s) of Use _____ Time of Use: _____ From-To _____

SPACE BEING RENTED

_____ Ballfield/Playground	_____ Performing Arts Room/Dance Room
_____ Gymnasium	_____ Classroom
_____ Kitchen/Serving Room	_____ Parking Lot
_____ Library	_____ Turf and Courts
_____ Multipurpose Room	_____ Bathrooms
Other (Please specify) _____	

PURPOSE (To be used for)

Is attendance restricted? _____ If yes, explain _____

Admission Charge? _____ If yes, how much \$ _____ Number of attendees _____
Special Arrangements/setup request: _____

Furniture/Equipment requested (**needs to be approved**): _____

All set-up and break-down is the sole responsibility of the Applicant

District Office Use Only

Rental/Deposit Received Amt \$ _____ Date: _____ Certificate of Insurance on File _____
AIE on file _____ Agreement signed _____

Usage approved subject to the following conditions: _____

_____ Approved(**includes special equipment requests**) _____ Denied

Notes if denied: _____

Maintenance & Facilities] 400 Derek Place Suite G] Roseville CA 95678] 916-782-5289 ext 50200