



West Contra Costa Unified School District

1108 Bissell Avenue
 Richmond, CA 94801-3135
 Phone (510) 231-1113

No. _____

**Not valid permit without Permit No.
 and signed by Facility Use Office**

Application for Use of School Property

Name of Organization		Name of Authorized Agent			Today's Date
Home or Business Address		City	Zip	Home Phone	Work Phone
Title or Office of Person Authorized to Apply					

HEREBY MAKES APPLICATION FOR THE USE OF THE FOLLOWING:

School				Room/Grounds			
For: (Education-Social-Athletic-etc.)				Purpose: (Class-Dance-Dinner (Potluck/catered, etc))			
Day	Month	Date(s)	Time	Day	Month	Date(s)	Time
			To				To
			To				To
			To				To
Access to Community Kitchen <input type="checkbox"/>		Access to Cafeteria Kitchen <input type="checkbox"/>		Food Service Worker required for use of Cafeteria Kitchen		Food Service Hours _____ To _____	

APPLICATIONS NEED TO BE SUBMITTED TO FACILITY USE 10 DAYS PRIOR TO THE INTENDED DATE(S) OF USE. PLEASE ANSWER THE FOLLOWING QUESTIONS.

1) Estimated Attendance _____ Age Group _____	4) Will an admission fee be charged? Yes <input type="checkbox"/> No <input type="checkbox"/>
2) Will this meeting be open to the public? Yes <input type="checkbox"/> No <input type="checkbox"/>	5) Are any support services requested? (List in box below) Yes <input type="checkbox"/> No <input type="checkbox"/>
3) Are contribution, dues, registration fees, or other duties being charged? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, use of proceeds are for: _____	

-----Please Complete the Indemnity Clause below-----

_____ shall defend, indemnify and hold the West Contra Costa Unified School District, its officers, employees and agents harmless from any, against a ny and all liability, loss expense(including reasonable attorney's fees), or claims for injury of damages arising out of or related to any activity or conduct of the permit holder, its agents, servants or employees.

The _____ agrees to provide the West Contra Costa Unified School District with a Certificate of Liability Insurance and Endorsement naming West Contra Costa Unified School District as an additional named insured. The minimum general liability limits of insurance on the certificate shall be 1 million dollars per occurrence with an aggregate limited no less than 2 million dollars for the policy period.

I, the undersigned, hereby certify that I will be personally responsible on behalf of the organization for any damage sustained by the school building furniture or equipment, occurring through the occupancy or use of same by the organization.

I hereby certify that I have read the attached applicable Rules and Regulations of the Governing Board of the West Contra Costa Unified School District and agree that the permit holder, as well as I personally, will abide by all rules, regulations and conditions set forth therein and will conform to all applicable provisions of the laws of California and to all Rules and Regulations of the Board of Education.

Signature of Applicant _____ Date _____ Site Administrator confirming space availability _____ Date _____

-----Office Use Only - Do Not Write Below This Line-----

Insurance and Additionally Insured Endorsement has been furnished: Yes []

Work Order Numbers:

Request	Open	Close	Notes
Custodian			
Food Service			
Grounds			
DPOS			OT Approved Yes [] No [] Restrooms Unlocked Yes [] No []
Facility Use Approved by: (Not valid without Signature)			Date