

EXETER UNIFIED SCHOOL DISTRICT FACILITY REQUEST APPLICATION

(Must be completed and submitted to the District Office TWO WEEKS PRIOR to use)

Applicant Information

Person/Organization: _____
(Must be present at the event)

Address: _____

Phone #: _____ Cell #: _____ E-Mail Address: _____

Liability Insurance Company: _____
(A copy of current Liability Insurance Certificate showing a minimum of \$1,000,000 coverage required)

District Authorization Initials

Facility/Event Information

Facility Requested: _____

Purpose/Type of Event (explain) _____

- | | |
|--|--|
| <input type="checkbox"/> <i>Smith Gym</i> | <input type="checkbox"/> <i>Auditorium</i> |
| <input type="checkbox"/> <i>Holiday Gym</i> | <input type="checkbox"/> <i>Playing Fields and Courts</i> |
| <input type="checkbox"/> <i>Wilson Middle School Gym</i> | <input type="checkbox"/> <i>Elementary Multi-Purpose Room</i> |
| <input type="checkbox"/> <i>Wilson Old Gym/Cafeteria</i> | <input type="checkbox"/> <i>Elementary Multi-Purpose Room Incl. Kitchen</i> |
| <input type="checkbox"/> <i>Stadium – No Lights</i> | <input type="checkbox"/> <i>Classroom*</i> |
| <input type="checkbox"/> <i>Stadium – Lights</i> | <input type="checkbox"/> <i>Concession Building</i> |
| <input type="checkbox"/> <i>Pool 5/1 – 9/30**</i> | <input type="checkbox"/> <i>Consumable Products</i> |
| <input type="checkbox"/> <i>Pool 10/1 – 4/30**</i> | <input type="checkbox"/> <i>Custodial (Required beyond normal working day)</i> |
- **Requires One (1) Certified Lifeguard per 25 persons* **Excludes Computer Labs*

Date(s) of Event: _____ S M T W Th F S

Start Time: _____ am / pm End Time: _____ am / pm

Will admission/donation be required for admittance? Yes Amount: _____ No

Is the activity open to the Public? Yes No How many people do you expect to attend?

Date and time requested is tentatively available has another request pending.

District Authorization Initials

Food Service Information

Will there be food/beverages served? Yes If Yes, complete the following Items No

Will food/beverage be prepared on site? Yes No

Will you require the use of the following areas/items?

Kitchen Yes No

Serving Area Yes No

Refrigeration Yes No

Sinks Yes No

Hot Carts Yes No

Ovens Yes No

A ServSafe Certificate holder must be present during any event during which food is served or sold.
(Please provide a copy of the ServSafe Certificate)

Person holding ServSafe Certificate: _____

Director of Nutrition Service Initials
(Required if serving or selling food/beverages)

Facility/Equipment Requests

Will you require staff to setup equipment: Yes No

Please check the box of the item(s) you will need and write the quantity on the line next to the item.
(If your event requires the Bleachers, P.A. System and/or help setting up, you will be charged for the direct cost of the custodial service to make these arrangements)

Chairs _____

Tables _____

Bleachers - North Side South Side Both Sides

P. A. System

Special Notes / Comments / Arrangements regarding facility set up:

Please sketch the facility arrangement needed:

FACILITY USE AGREEMENT

I, _____, on behalf of _____, certify that we assume full financial responsibility for any damage to Exeter Unified School Districts property resulting from use of facilities as requested. We agree to abide by the rules of the Exeter Schools and to pay the designated fee.

Any application for use of school facilities permitted under this policy is subject to the condition that the school district expressly reserves the right to revoke the permission for use in part or entirety without notice should the school facilities for which permission has been granted to be conflicting dates or be needed for any school purpose.

Any citizen or organization using school facilities under this policy shall save and hold free and harmless the school district, the school board, the individual members thereof and all district employees or agents from any loss, damage, liability, cost or expense that may arise during or be caused in any way by use of school facilities.

The undersigned states that, to the best of his/her knowledge, the school property for use of which application is hereby made will not knowingly be used for the commission of any illegal act or crime and understands that the usage of these facilities must be open to the general public and not be in conflict with California Education Code Section 40057. The undersigned further acknowledges that it is a violation of education code to possess and/or use tobacco, alcohol or any other controlled substance on school property and if found in violation during the event, the use of the school facility will be immediately revoked for a period not to exceed one calendar year and upon multiple offenses could be revoked permanently.

The undersigned agrees to leave the required one hundred dollar (\$100) deposit to ensure appropriate use and cleanup of the area and facilities used, and forfeit the deposit if the cleanup is not completed upon the completion of the event. Upon completion of the event, all personal effects, decoration, materials and other items not belonging to the district shall be removed. The district will not be responsible for any and all items left at the conclusion of any event.

Date: _____

Applicant Signature: _____

Title/Position: _____

FOR OFFICE USE ONLY

FEES*

Security Deposit: (due 2 weeks prior to use) \$100.00

Facility Fee: _____ (per hour) x _____ hours = _____

Facility Fee: _____ (per hour) x _____ hours = _____

Restroom Fee: _____ (per hour) x _____ hours = _____

Food Svc. Fee: _____ (per hour) x _____ hours = _____

Total Fees: (due at least seven days prior to use) \$ _____

Received by: _____ in the District Office on ____/____/____ in the form of ____ cash
or ____ check (# _____). Receipt #: _____

*Fees are based on actual costs of custodial services, utilities and supplies, and administrative support.

Signature of District Authorization: _____

APPROVAL / DENIAL
(Office Use Only)

↑Lincoln School ↑Rocky Hill School ↑Wilson Middle School

↑Exeter Union High School ↑Kaweah High School ↑Crespi Center

- Completed Application
- Copy of Liability Insurance Certificate
- District Authorization's Signature
- Copy of ServSafe Certificate
- Director of Nutrition Service's Signature
- Deposit (Receipt # _____)
- Signed Agreement
- Permit Issued (Permit # _____)

The above attached facility use application was approved denied on ___/___/___ by

(District Designee)

Post Event Activities

- Facility Inspection Complete
- Timesheet Sent to the Business Office
- Invoice Sent
- Invoice Paid
- Deposit Refunded