

NEW HAVEN UNIFIED SCHOOL DISTRICT
 District Office
 34200 Alvarado-Niles Road
 Union City, CA 94587
 (510) 471-1100

Before completing this form, please review the
 "Instructions for Filing" package

NEW HAVEN UNIFIED SCHOOL DISTRICT
 Corporation Yard
 3636 Smith Street
 Union City, CA 94587
 (510) 471-5559

APPLICATION FOR USE OF SCHOOL FACILITIES

SUBMIT ALL COPIES OF APPLICATION TWENTY-ONE (21) WORKING DAYS IN ADVANCE

Please print or type clearly

Date Received _____

NAME OF ORGANIZATION _____ PERMIT # _____

NAME OF APPLICANT _____ WORK PHONE: _____ HOME PHONE: _____

ADDRESS _____ CITY _____ ZIP _____

PERMISSION IS HEREBY REQUESTED TO USE THE FOLLOWING FACILITY(IES): SCHOOL _____

(Check Facility(ies) Needed):

- Pavilion
- Gymnasium
- Theater
- Student Union/Diner
- Faculty lounge
- Kitchen - for use of facilities or equipment, arrangements must be made with the office of Food & Nutrition Services
- Multipurpose room (meeting only)
- Other (pls specify) _____

(Check Equipment Needed - may require additional fees)

- P. A. System w/operator
- Speaker stands
- Special effects stage lighting w/operator (including spot lights)
- Scoreboard
- Field lights
- Snack Bar - for use of facilities or equipment, arrangements must be made with the office of Food & Nutrition Services
- Restrooms
- Other (pls specify) _____

For NHUSD Groups Only
<input type="checkbox"/> Chairs
<input type="checkbox"/> Tables
<input type="checkbox"/> Projector
<input type="checkbox"/> Choral Risers

User group is responsible to obtain liability insurance as part of this agreement.

There is absolutely **NO SMOKING OR ALCOHOLIC BEVERAGES ALLOWED** on any New Haven Unified School District Premise

List All Date(s) Needed		***** Please attach a separate sheet if necessary *****	Time Needed (am or pm)	
From	To	Day(s) of the week	From	To

School Group Community Group Commercial User Other _____

The nature and purpose of this activity(ies) or use is: _____ Expected Attendance: _____

Open to public Yes No Percentage of membership who are residents of NHUSD _____ %
 Donation/Admission Charge Yes \$ _____ No Proceeds will be used for _____

PLEASE NOTE THAT ANY ACTIVITY CAN BE PREEMPTED BY A SCHOOL ACTIVITY

I hereby certify that I shall be personally responsible on behalf of our organization for any damage sustained to the school premises because of the occupancy of said premises by our organization. I understand that it is my responsibility to obtain, read, and understand the complete set of rules and regulations relative to use of these facilities and that I agree to abide by such rules and regulations.

I also agree to hold the New Haven Unified School District, its Board of Education, the individual members thereof, and all District officers, agents and employees free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of school facility.

I, the undersigned, state that, to the best of my knowledge, the school property for the use of which this 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 measure.

Furthermore, that _____, the organization on whose behalf I am making application for use of school property, does not, to the best of my knowledge, advocate the overthrow of the government of the United States or of the State of California by force, violence, or other unlawful measures, and that, to the best of my knowledge, it is not a communist action organization or communist front organization required by law to be registered with the Attorney General of the United States. This statement is made under the penalties of perjury.

Signature _____ Title _____ Date _____
 Organization's Authorized Representative

FOR SCHOOL USE ONLY: Facilities Available	Date _____	COMMENTS: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Initial _____	_____

FOR OPERATIONS USE ONLY:	Date _____	COMMENTS: _____
	Initial _____	_____

FOR FOOD & NUTRITION SERVICES ONLY:	Date _____	COMMENTS: _____
Caf. Worker Fee _____ Other _____	Initial _____	_____

FOR CORPORATION YARD USE ONLY:	Date _____	COMMENTS: _____
This Application <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		_____
Fees: Custodial (actual) Use _____ Utilities _____ Other _____		_____
Signature: _____		_____
Authorized Representative of Board of Education		