

# San Marino Unified School District

Permit No.: \_\_\_\_\_  
Date: \_\_\_\_\_

Attn: Facility Permits  
1665 West Drive  
San Marino, California 91108

## APPLICATION FOR USE OF FACILITIES

Phone: 626-299-7000 Fax: 626-299-7010

See reverse for additional information/document requirement

Mail requests and documents to the above address

**Completing and submitting the "Application for Use of Facilities" does not insure the facility use will be granted.  
The San Marino Unified School District reserves the right to reject any incomplete application.**

Organization's Name \_\_\_\_\_

Type of Organization \_\_\_\_\_

**Non-Profit  
Organization? Yes  No**   
(If YES, attach proof of non-profit status)

Adult requesting permit \_\_\_\_\_

Title \_\_\_\_\_

Organization Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

CERTIFICATE OF INSURANCE: REQUIRED: Yes  No

RECEIVED: Yes  No

Will there be any admission charge, solicitation or collection of funds? Yes  No  If YES, how will proceeds be used? \_\_\_\_\_

Is Meeting Open to the public? Yes  No

Number of Participants:

Estimated Attendance:

**\*\*Please Circle** DISTRICT OFFICE SAN MARINO HIGH SCHOOL HUNTINGTON MIDDLE SCHOOL  
**Site Requested:** CARVER ELEMENTARY VALENTINE ELEMENTARY STONEMAN SITE

Specify Facility/Area Needed \_\_\_\_\_

Number of Days \_\_\_\_\_

Event \_\_\_\_\_

Purpose of Event \_\_\_\_\_

Day(s) of the Week: (Please list individually)

Date(s): \_\_\_\_\_

Time: (Facility opening and closing - a.m./p.m.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Equipment AND/OR Special Arrangements:** Please attach a diagram if setup for tables is requested

\_\_\_\_\_

Applicant's Signature – See item 6 on reverse side \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY:

AVAILABILITY CONFIRMED BY: \_\_\_\_\_ Date: \_\_\_\_\_

Will air conditioning be required? \_\_\_\_\_ YES \_\_\_\_\_ NO

Willing to reimburse custodial service fees? \_\_\_\_\_ YES \_\_\_\_\_ NO

ASSIGNED TO: Custodian: \_\_\_\_\_ Cafeteria worker: \_\_\_\_\_

**SEND/FAX:** Date: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Comments: \_\_\_\_\_