

PARADISE UNIFIED SCHOOL DISTRICT

6696 Clark Road

Paradise, CA 95969

Application for Use of School Facilities

Applicant name and organization: _____

Requests are hereby made for the use of the following school property:

- ☐ Cedarwood Elementary School
☐ Paradise Ridge Elementary School
☐ Pineridge Elementary School
☐ Paradise Elementary School

- ☐ Ridgeview High School
☐ Paradise High School
☐ Paradise Junior High School

Date(s): _____

Time(s): _____ to _____

Check facilities needed:

- ☐ Multi-Purpose Room
☐ Library
☐ Gymnasium For PHS: ☐ Green Gym ☐ Gold Gym
☐ Playfield
☐ Stadium & Field (PHS)
☐ Baseball Field (PHS)
☐ Softball Field (PHS)
☐ Tennis Courts (PHS) ☐ Pickleball Courts (PJHS)

Check equipment needed:

- ☐ Tables _____
☐ Chairs _____
☐ Other _____

Declaration of Applicant:

- 1) Nature or Type of intended use: _____
- 2) The applicant has received or will receive for the activities listed contributions, registration fees, admission fees, tuition, donations or other receipt estimated in the amount of \$ _____. If no receipts are anticipated for these activities, check here ☐.
- 3) Receipts set forth in item 2 above will be used for: _____.
- 4) Fee Schedule Group _____.

Applicant must procure general liability insurance with limits of no less than \$1,000,000 per Occurrence and \$2,000,000 aggregate. Insurance coverages and limits must be maintained through Applicant's use of District Facilities. District must be named as an additional insured on the general liability policy. See Facility Use Agreement for additional information.

Prior to approval of Request, Applicant must provide the District with:

- 1. Signed Use of Facilities, Indemnification and Insurance Agreement;**
- 2. Proof of insurance and endorsement naming the District as an additional insured.**

Documents should be provided to the District Office.

- 3. Proof on eligibility for Group B fee schedule, if applicable.**

Signature of Applicant

Title of Office/Department Held

Date

Printed Name: _____

Mailing Address: _____

Phone: _____

City/State/Zip Code: _____

Application Approved:

Site Principal

Date

Superintendent

Date