

**WILLOWS UNIFIED SCHOOL DISTRICT
CIVIC CENTER REQUEST FOR THE USE OF SCHOOL FACILITIES**

Date _____

Requesting Organization _____

Purpose of the Use of the Facilities _____

Expected Attendance _____ Is an admission charge or contribution to be made? Yes _____ No _____

School and Facility Desired _____

| | Month (DATES) | Day | From (TIME) | To |
|--|---------------|-----|-------------|----|
| _____ Cafeteria | | | | |
| _____ Cafeteria & Stage | | | | |
| _____ Cafeteria & Kitchen (meal ____/ refreshments ____/other ____) | | | | |
| _____ Classroom (No. _____) | | | | |
| _____ Football Field ____ Track ____ | | | | |
| _____ Gym –Bleachers ____ In ____ Out | | | | |
| _____ Baseball Field - Varsity ____ JV ____ | | | | |
| _____ Other _____ | | | | |

_____ Chairs (Number) _____ Tables Technology Needs _____

(Please specify i.e. projector, sound system, or other)

Facility Needs _____

(Please specify i.e. use of water hoses, sprinklers on/off, or other)

(For certain Civic Center activities, where the net receipts are not contributed to the welfare of the students of the District or for charitable purposes, a charge shall be made. Education Code 38130-38139)

Charge _____

The undersigned states that, to the best of his/her knowledge, the school property for the use of which application is hereby made will not be used for the commission of any act which is prohibited by law, or for the commission of any crime. I certify (or declare) under penalty of perjury that the foregoing is true and correct. Any reservation is subject to cancellation if facilities are needed for school activities upon seven (7) day notice. It is further agreed that all Board Policies, Rules and Regulations pertaining to use of school facilities (including no tobacco use, destruction or damage to school property, etc.) will be upheld. Users of school facilities are required to provide a certificate of liability insurance in a minimum amount of **\$2,000,000** combined single limit, per occurrence, with Willows Unified School District listed as "Additional Insured". This must be submitted at the time this form is turned into the school office.

If person making application is not a member of the applicant group, he/she must present written authorization for such group to make such application. In all cases, he/she must be an adult.

Please leave the facility as you found it. Charges will be assessed for any damages or additional cleaning. Please initial to confirm you understand and agree with the contents. Initials _____

Name of Person in Charge of Event _____ Phone _____

Signature of Person Requesting Use _____ Office Held _____

Address _____

Email Address _____

Principal's Approval _____ Date _____

District Office Approval _____ Date _____