



# RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

1755 Airport Blvd. ~ Red Bluff, CA 96080 ~ Bus: (530) 527-7200 ~ Fax: (530) 527-3783

Superintendent

Cliff Curry

Assistant Superintendent

Jennie Bachmeyer

## APPLICATION FOR USE OF DISTRICT FACILITIES

Person or Organization requesting facility \_\_\_\_\_

Facility Requested \_\_\_\_\_

Purpose for which facility is requested \_\_\_\_\_

Special arrangements needed \_\_\_\_\_

\_\_\_\_\_ Keys needed? \_\_\_\_\_

Date(s) requested \_\_\_\_\_ Hours of use \_\_\_\_\_

\_\_\_\_\_ Hours of use \_\_\_\_\_

Who is in charge of activity? \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Will admission be charged? \_\_\_\_\_ Amount \_\_\_\_\_

What use will be made of the proceeds? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Applicant's signature indicates agreement to pay for loss or damage of facilities during the use thereof. Insurance is the responsibility of the user.*

The undersigned states that to the best of his/her knowledge, the organization on whose behalf he/she is making application for use of school property, does not advocate the overthrow of the government of the United States or of the State of California by force, violence, or other unlawful means, and that, to the best of his/her 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.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved \_\_\_\_\_

Superintendent

\_\_\_\_\_  
Date

### SCHOOL SITE OFFICE USE ONLY

Fee Schedule: No Charge \_\_\_\_\_ Abate to \_\_\_\_\_

\_\_\_\_\_ Hrs. Facility Used @ \$ \_\_\_\_\_/Hr = \$ \_\_\_\_\_

\_\_\_\_\_ Hrs. of Labor @ \$ \_\_\_\_\_/Hr = \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

## USE OF SCHOOL FACILITIES (continued)

A Certificate of Insurance must be provided along with this application. Red Bluff Union Elementary School District must be named as additional insured.

**Statement of Applicant:** I, the undersigned agree by my signature that I am an authorized agent/representative for the requesting agency, and further agree that the rules and regulations set forth under Administrative Regulation 1330 will be complied with in full. I further agree that I am at least 21 years of age and am responsible to the school district for the use and care of the school property. I further agree that the nature of the activity will conform to that stated in the application. I agree to indemnify and hold harmless the Red Bluff Union Elementary School District, its officers, agents and employees against any and all loss, damage and/or liability that may be suffered or incurred by the school district, its officers, agents, and employees.

I, the undersigned, further states that, to the best of my knowledge, the school property for use of which 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 means; That the organization on whose behalf I am making application of use of school property, does not, to the best of my knowledge, advocate the overthrow of the government of the United States or the State of California by force, violence, or other unlawful means, 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 penalties of perjury (per California Education Code section 38136).

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Signature

Date

**USE OF SCHOOL FACILITIES (continued)****District Use Only**

Insurance Certificate attached and verified (minimum amount \$1,000,000): Yes: \_\_\_\_ No: \_\_\_\_  
 Verified By: \_\_\_\_\_

Site Principal: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_ Denied: \_\_\_\_

Director, Food Service\*: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_ Denied: \_\_\_\_

Safe Serve Person Assigned: \_\_\_\_\_

\*If a kitchen facility is requested the Director of Food Service must approve request

Director, Facilities: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_ Denied: \_\_\_\_

District Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**In-Kind Donation:**

Description: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Superintendent Approval: \_\_\_\_\_

**Payment Information:**

_____	<b>X</b>	_____	_____
<b>Hours used</b>		<b>Fee</b>	<b>Total Amount Due</b>
			<b>Date Paid: _____</b>

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**FEE SCHEDULE**

If custodian is needed:

\$30/hour plus Facility Fees listed below

If food service worker is needed:

\$25/hour plus Facility Fees listed below