

SUNOL GLEN SCHOOL DISTRICT

11601 Main Street

Sunol, CA 94586

Phone (925) 862-2026 Fax (925) 862-0127

REQUEST FOR USE OF SCHOOL FACILITIES

Name of Organization _____ Person Responsible for Organization _____
Telephone Number Home: _____ Work: _____ Cell: _____
Building or Room Requested: _____ Expected Attendance: _____
Percentage of membership who are residents of Sunol Glen Unified School District: _____
Admission Charge [] Will not be made [] Will be made
The net proceeds will be used for: _____
Date needed: _____ Time needed: _____ am/pm To: _____ am/pm
Equipment Needed: 1. _____
2. _____
3. _____
Purpose for Use of this Facility: _____

FACILITY USE FEE IS \$75.00 FOR NON SUNOL COMMUNITY GROUPS
CERTIFICATE OF INSURANCE IS A REQUIREMENT

The organization hereby certifies that it shall be responsible for any damage sustained by the school premises, furniture, or equipment because of the occupancy of said premises by said organization. It agrees to abide by and to enforce the rules, regulations and policies of the Sunol Glen Unified School District governing the use of facilities of school premises and equipment.

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 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 penalty of perjury.

In executing this application, the undersigned certifies that (s)he is an officer or agent of the group making such application. It is further certified that said group holds harmless the Sunol Glen Unified School District, its Board of Education, the individual members thereof, and all District officers, agents and employees from any loss, damage, liability, cost, or expense arising out of said use of facilities requested. Finally, it is certified that said group is covered by appropriate liability insurance of its own, and a copy of said coverage, naming Sunol Glen Unified as additional insurer, is attached and made part of this application. This application expires on June 30, _____.

SIGNATURE

DATE

FOR SCHOOL USE ONLY

OTHERS NOTIFIED: _____

CERTIFICATE OF INSURANCE ON FILE
YES: _____ NO: _____ INITIAL: _____

APPROVED _____ DENIED _____

Signature -- Administrative Assistant

APPROVED _____ DENIED _____

Signature -- Calendar Coordinator

SUNOL BASED GROUP YES / NO

FEE YES _____ NO _____ PAID _____