

**SCOTT VALLEY UNIFIED SCHOOL DISTRICT
USE OF FACILITIES APPLICATION**

Facility Requested: _____

Equipment Requested: _____

Organization: _____ Activity: _____

Person Responsible: _____ Phone: _____

E-mail: _____ Cell: _____

Mailing Address: _____

List ALL DATES planned for requested facility/equipment:

Month	Day/Year	Circle Day of Week	Beginning Time	Ending Time
_____	_____	S M T W Th F S	_____	_____
_____	_____	S M T W Th F S	_____	_____
_____	_____	S M T W Th F S	_____	_____
_____	_____	S M T W Th F S	_____	_____

The above named organization accepts the following responsibilities if we are granted the use of the above requested facility/equipment:

1. No smoking shall take place within the District buildings/grounds for which we are responsible.
2. Facilities/equipment shall be properly cared for and left in a clean, orderly condition.
3. A refundable security deposit is required for facilities, equipment, and keys.
4. We agree to assume the cost of repair for any excessive or unusual damage to any facility/equipment used.
5. All buildings shall be locked at the conclusion of the activity.
6. Absolutely no drugs/alcoholic beverages shall be brought onto or consumed on the premises of the school site.

The undersigned and all members of the organization using the facilities/equipment of Scott Valley Unified School District shall not hold the District liable for any injury incurred while using the above listed facility/equipment.

The organization shall provide a certificate of insurance from its insurance company in the amount of at least \$300,000, with Scott Valley Unified School District named as the additional insured.

NOTE: The District agent, Jim Kutzer Insurance Agency, Inc. (530)842-1674, can assist if there are any questions.

Signature of person(s) responsible for this organization:

Signature/Title: _____ **Date:** _____

Signature/Title: _____ **Date:** _____

FOR FACILITY USE ONLY:

_____ Hold Harmless Agreement	_____ Statement of Information	_____ Certificate of Insurance
Approved by site Principal: _____		

Hours _____ X Fee _____ = \$ _____	or Days _____ X Fee _____ = \$ _____			
Facility Use Fee \$ _____	Personnel Fee \$ _____	Security Deposit \$ _____	Key Deposit _____	TOTAL \$ _____
Keys Issued: _____	Date Issued: _____	Date Fees & Deposits Paid: _____	By: _____	
Approved by District Representative _____			Date _____	

Keys Returned: _____	Inspection Satisfactory: Yes No	Deposits Returned: _____	by: _____
Cleanup/Repairs Billed: \$ _____	Date: _____	Date paid: _____	by: _____