

Shasta Union High School District
 Application for Use of School Facility/Field
 Please allow 2 weeks prior to event for approvals

Site FHS

Requesting Organization _____ Phone: _____
 Responsible Person: _____ Email: _____
 Address: _____ Zip Code: _____
 Nature of Activity: _____
 Participants Expected: _____ Spectators Expected: _____

EVENT INFO

Facility Requested _____ Date(s) of Event: _____
 Event Start Time: _____ Event End Time: _____ Time entering building: _____

EQUIPMENT REQUESTED

Screen <input type="checkbox"/>	Scoreboard <input type="checkbox"/>	Restrooms <input type="checkbox"/>
Heat/Air <input type="checkbox"/>	PA System <input type="checkbox"/>	Swim Lanes <input type="checkbox"/>
Bases <input type="checkbox"/>	Schematic <input type="checkbox"/> <i>(additional fees may apply)</i>	Kitchen <input type="checkbox"/> <i>(additional fees may apply)</i>

Tables: # _____ Chairs: # _____

Event details: _____

All facility use applications must include a "SUHSD Facilities Use Charges" form. Charges are determined by District personnel in consultation with requesting organization. Deposits are required upon demand by SUHSD and balance/full payment is due by event date. Refunds will be made upon cancellation with at least 48 hour advance notice. No refund of deposit will be made for cancellations within 48 hours of event. I have read SUHSD Board Policy 1330. I am authorized by the organization listed on this application to enter into agreement with SUHSD for facility use. I understand the responsibility required of me and the members of the petitioning organization to abide by all rules and regulations stated in Board Policy 1330.

Signed:
 Applicant _____ Title _____ Date _____

OFFICE USE ONLY:

Approval: _____ Date: _____
Site Administrator (or Designee)

- Proof of Insurance _____ *(Date Rec'd)*
- Hold Harmless _____ *(Date Rec'd)*
- Non Profit Status _____ *(Date Rec'd)*

Record Date: _____ Date to Maintenance: _____
 Custodial Fees: _____ / _____ x _____ = \$ _____
(# staff) (hours worked) (Total hours) (hourly rate) (Total Cost)

Invoice Date: _____
 INVOICE TOTAL: \$ _____

CHECKLIST	
V.P.	<input type="checkbox"/> _____
Ath.Dir.	<input type="checkbox"/> _____
P.E.	<input type="checkbox"/> _____
Fd Srvc.	<input type="checkbox"/> _____