

**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"/> <small>(additional fees may apply)</small>	Kitchen <input type="checkbox"/> <small>(additional fees may apply)</small>

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:  $\frac{\text{_____}}{\text{(# staff)}} / \frac{\text{_____}}{\text{(hours worked)}} \cdot \frac{\text{_____}}{\text{(Total hours)}} \times \frac{\text{_____}}{\text{(hourly rate)}} = \$ \frac{\text{_____}}{\text{(Total Cost)}}$

Invoice Date: \_\_\_\_\_

INVOICE TOTAL: \$ \_\_\_\_\_

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