

SEQUOIA UNION HIGH SCHOOL DISTRICT APPLICATION/PERMIT/INVOICE FOR FACILITY USAGE

(SEE BACKSIDE FOR GENERAL RULES)

PERMIT NO:

DATE:

THE FOLLOWING ORGANIZATION THROUGH ITS AUTHORIZED AGENT(S) HEREBY MAKES APPLICATION FOR USE OF FACILITIES AT SITE: _____

The : _____
Name of Organization

Address : _____ NON-PROFIT: YES OR NO

City : _____ State : _____ Zip: _____

1. Agent : _____ 2. Agent : _____
Name of Agent/Individual Requesting Facility Name of Agent/Individual Requesting Facility

1. Phone : _____ 2. Phone : _____

1. Fax : _____ 2. Fax : _____

1. Email : _____ 2. Email : _____

FIELD/ROOM/BLDG/AREA: MUR

NEEDS/EQUIP/SETUP : 3-4 tables for food. Extra garbage cans

PURPOSE OF USAGE : Serving food after event in PAC

BUILDING ATTENDANT REQUIRED? YES OR NO Minimum of 4 hour shifts

NAMES OR TOPICS OF SPEAKERS : _____

ADMISSION FEES : \$ _____ - To \$ _____ **ESTIMATED ATTENDANCE :** 300

ARE CONTRIBUTIONS, DUES, REGISTRATION FEES, OR OTHER DONATIONS TO BE RECEIVED?

DATE(S)	DAY OF WEEK	START TIME	END TIME	CALCULATION OF (DAYS X HOURS)	TOTAL HOURS
		?	to	?	4.00
			to		
		damage	to	table	\$200 each
		damage	to	chairs	\$70 each
			to		
			to		
4.00					

*******BELOW THIS LINE-FOR BUSINESS OFFICE USE ONLY*******

					NOTES:
TOTAL HOURS :	4	HOURLY RATE :	\$ 50.00	AMOUNT =	\$ 200.00
PA/wireless Mic	1-mic	4-hour RATE :	\$ 50.00	AMOUNT =	not included
TOTAL HOURS :		HOURLY RATE :	\$ -	AMOUNT =	\$ -
TOTAL HOURS :		HOURLY RATE :	\$ -	AMOUNT =	\$ -
TOTAL HOURS :		HOURLY RATE :	\$ -	AMOUNT =	\$ -
ATTENDANT :	6-hrs 2 at end	HOURLY RATE :	6 hours	AMOUNT =	\$ 350.00
TOTAL HOURS :	4	TOTAL DUE =		\$ 550.00	
		extra hours		\$125 each hour	

I hereby certify that I have read the applicable Provisions of the California Code, the Rules & Regulations and General Rules of the Board of Trustees of the SUHSD, on the reverse side of this application.

Agent/Applicant/Use: _____ District Approved

Date: _____ Approval Date

FOLLOWING DOCUMENTS & FEES COLLECTED PRIOR TO USE OF FACILITIES

Received Verification of non-profit status (IRS Tax Exempt Letter): _____ Received Certificate of Insurance: _____

Received Approval from Site by: Email/Phone/In Person/Fax By/From: _____ Time: _____ Date: _____

TOTAL PAID: _____ CHECK NUMBER: _____ DATE RECEIVED: _____

SITE & USER EMAILED WITH FINAL APPROVAL: _____ FINAL DISTRICT SIGNED PERMIT TO USER: _____