

# Palo Verde Unified School District

Facilities & Operations Department  
 187 N Seventh Street  
 Blythe, CA 92225

(760) 922 – 1326  
 Fax (760) 922 – 7586

## Facility Use Application

<b>School Site Requested:</b> <i>(please check)</i>	Appleby	Margaret White	Ruth Brown	PVUSD Pool
	BMS	CDS	ECC	PVHS
				TPHS

**Organization:** \_\_\_\_\_  
 \_\_\_\_\_

**Activity/Event:** *(please print or type)*

Group Name: \_\_\_\_\_ Name of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will an admission/donation be charged? \_\_\_\_\_ If so, what will the proceeds be used for? \_\_\_\_\_

**Billing:** *(mandatory information – application will be rejected if this information is not included)*

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person for Billing: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Facility Area(s) You are Requesting:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Classroom(s):        | <input type="checkbox"/> Concession Stand      | <input type="checkbox"/> Chairs <i>(per 50)</i> _____ |
| <input type="checkbox"/> Gym*                 | <input type="checkbox"/> Football Field*       | <input type="checkbox"/> Tables <i>(each)</i> _____   |
| <input type="checkbox"/> Kitchen*             | <input type="checkbox"/> Stadium Lights        | <input type="checkbox"/> Portable Bleachers           |
| <input type="checkbox"/> Library              | <input type="checkbox"/> Practice Field        |   |
| <input type="checkbox"/> Multi-Purpose Room   | <input type="checkbox"/> Practice Field Lights | Additional Notes:                                     |
| <input type="checkbox"/> Elementary Restrooms | <input type="checkbox"/> Baseball Field        |   |
| <input type="checkbox"/> Playground/Playfield | <input type="checkbox"/> Softball Field        |   |
| <input type="checkbox"/> Other: _____         | <input type="checkbox"/> Pool*                 |   |
|   | <input type="checkbox"/> Pool Lights           |   |

*\*A School District Employee must be on duty for the duration of the facility use. Additional fee applies.*

### Dates & Times You Are Requesting:

Note: When requesting dates or a series of dates, please take school holidays into consideration. If you do not specify that you want to omit a date (for example, a date[s] occurring during the Winter Break), then it will be assumed that you are requesting these dates and will be billed for use on those dates accordingly.

Date(s)/Series of Dates Requested	Day of Week <i>(please check)</i>	Times
From: ____/____/____ To: ____/____/____	S M T W T F S	From: _____ To: _____
From: ____/____/____ To: ____/____/____	S M T W T F S	From: _____ To: _____
From: ____/____/____ To: ____/____/____	S M T W T F S	From: _____ To: _____
From: ____/____/____ To: ____/____/____	S M T W T F S	From: _____ To: _____
From: ____/____/____ To: ____/____/____	S M T W T F S	From: _____ To: _____

**Terms and Conditions of this Application:**

- 1) I/we agree that applications are to be submitted no less than two-weeks in advance from the date of the facility use event.
- 2) I/we agree that in the event this application is cancelled by our group that I/we may be charged the current rate of room and custodian fees, unless the School District is given written notice of cancellation at least one week in advance.
- 3) I/we understand that unforeseen circumstances may arise requiring the District to rescind this application. Unexpected need for facilities by PVUSD sponsored/supported functions may constitute such circumstances. If cancellation is necessary, the District will attempt to provide a minimum one week notice and a replacement location for the applicant.
- 4) To the best of my/our knowledge the school property, for use of which application is hereby made, will not be used for the commission of any act prohibited by laws. I/we understand that no alcoholic beverages, liquors, narcotics, or firearms will be used, sold, or delivered in/on school premises. I/we also understand that SMOKING IS PROHIBITED in/on school property.
- 5) I/we, the undersigned, hereby certify that I shall be personally responsible, on behalf of my organization for any damages sustained to the school premises, furniture, grounds, or equipment occurring through the occupancy of said premises by our organization. I/we agree to abide by and to enforce the rules, regulations, and policies of the Palo Verde Unified School District governing the use of the school premises or equipment. I/we also agree to hold the Palo Verde Unified School District, its Governing Board, the individual members thereof, and all District officers, agents, and employees free and harmless from any loss, damage, liability, cost, or expense that may arise during or be caused in any way by such use or occupancy of school property. I/we understand that groups or persons using school facilities under the provisions of AR 1330 shall be liable for any damages to school property caused by the activity. I/we understand that the Governing Board shall charge the amount necessary to repair any damages or provide replacement of school property. I/we understand that further use of school facilities may be denied the responsible party.
- 6) I/we agree to furnish such liability or Certificate of Insurance in the amount of \$1,000,000, combined single limits, with the District as an Additional Insured prior to use of a District facility.
- 7) I/we understand that if there is rental fee, I/we will be required to pay the rental fee in full prior to usage of the facility.
- 8) I/we understand that payments are due on the dates shown on the application. I also understand that per PVUSD Board policy, new facility use permits will NOT be issued if I/we have a past due account.
- 9) In executing this declaration, I certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

Office Use Only

Approved      Approved w/Modifications      Denied

Modifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No Charge      Direct Charge      Fair Charge

Room/Facility Charge: \$ \_\_\_\_\_/Hour     \_\_\_\_\_ Hours = \$ \_\_\_\_\_

Support Charge:     \$ \_\_\_\_\_/Hour     \_\_\_\_\_ Hours = \$ \_\_\_\_\_

Room/Facility Charge: \$ \_\_\_\_\_/Hour     \_\_\_\_\_ Hours = \$ \_\_\_\_\_

Support Charge:     \$ \_\_\_\_\_/Hour     \_\_\_\_\_ Hours = \$ \_\_\_\_\_

Utility Charge:     \$ \_\_\_\_\_/Hour     \_\_\_\_\_ Hours = \$ \_\_\_\_\_

Equipment Charge:     \$ \_\_\_\_\_/Day     \_\_\_\_\_ Day(s) = \$ \_\_\_\_\_

Other Charge:     \$ \_\_\_\_\_     \$ \_\_\_\_\_

Total Due:     \$ \_\_\_\_\_

\_\_\_\_\_  
Director of Facilities & Operations

\_\_\_\_\_  
Date