

**BURBANK UNIFIED SCHOOL DISTRICT
USE OF FACILITIES REQUEST
510 S. SHELTON STREET, BURBANK, CA 91506
818.729.5500**

_____ 20 _____

Facilities Services:

The undersigned hereby requests permission to use _____

Actual Hours of Use		SCHOOL	FACILITY	
Date	_____ m to _____ m	Date	_____ m to _____ m	
_____	_____ m to _____ m	_____	_____ m to _____ m	
_____	_____ m to _____ m	_____	_____ m to _____ m	
_____	_____ m to _____ m	_____	_____ m to _____ m	

Starting time of meeting is _____ Doors to open at _____

Number attending _____ The meeting (will) (will not) be open to the general public.

Will a fee be charged or donation accepted? Yes _____ No _____ If yes, how much? _____

Name and address of charity _____

Nature of meeting _____

Person in charge _____ Address _____ Phone _____

We hereby certify that we shall be responsible on behalf of our organization for any damage sustained by the school premises, furniture or equipment because of the occupancy of said premises by our organization, and we have signed and attached the appropriate Hold Harmless Agreement applicable to our user status. We agree to pay a non-refundable \$45.00 processing fee.

We, the organization, have read and agree to abide by and to enforce the rules, regulations and policies of the Burbank Board of Education governing the use of school facilities as printed on the reverse side hereof and as per Board Policy 1330.

Employee Services Required: Name of Organization _____

Address _____

Telephone _____ Zip Code _____

Signed by _____

Title _____

Home Address _____

Telephone _____ Zip Code _____

(See Regulation 13 on reverse)

****Copy of Current and In Force Certificate of Insurance
MUST be in Applicant's Name and MUST be ATTACHED!**

Liability Insurance Carrier

Site Recommendation:

Yes _____ No _____ _____ Date _____
Principal

Approved: _____ Date _____ Fee _____
Chief Facilities Officer

OPERATIONS DEPARTMENT USE ONLY:

White - District Service Center Copy Yellow - School Copy Pink - Applicant's Copy