

P.E./ATHLETIC DEPT. APPLICATION FOR USE OF SCHOOL FACILITIES AND EQUIPMENT

P.E./Athletics Facilities Supervisor • 1000 W. Foothill Blvd., Glendora, CA 91741-1899 626.914.8655 • fax: 626.914.8659 • www.citruscollege.edu • Revised: 3/31

Applicant's name: \_\_\_\_\_ Title: \_\_\_\_\_

Department/Sport Affiliation: \_\_\_\_\_ Cell: \_\_\_\_\_  
Ext: \_\_\_\_\_

Alternate contact's name: \_\_\_\_\_ Cell: \_\_\_\_\_ Ext: \_\_\_\_\_

Please be sure to fill out and attach "Fundraising Request Form" to this Application before submission to the P.E./ Athletics Department.

Check type of facility required:

- Classroom \_\_\_\_\_  Field House \_\_\_\_\_  Gymnasium  Stadium Field  Stadium Track  Softball Field(s)  Baseball Field
 Aquatics Center  Practice Field  Tennis Court(s)  Concession Stand  Marquee (Separate application required)  Extra Trash Bins
 Sound System  Other \_\_\_\_\_

Check type of equipment required:

- Number of tables requested: \_\_\_\_\_  Number of chairs requested: \_\_\_\_\_  Additional needs of Applicant: \_\_\_\_\_

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

Event Date(s): \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

- Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Expected Attendance: \_\_\_\_\_ Setup Time: \_\_\_\_\_ Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_ Takedown Time: \_\_\_\_\_

Coordination Meeting Date for Events over 100 People: \_\_\_\_\_

Does this Event include any outside Organization(s)? Yes  No  If yes, this Event \*requires "Additional Insured" information.

(\*Please be advised that you are responsible for obtaining a copy of "Additional Insured" information for any outside Organization(s) attending this Event prior to Event's scheduled Date(s). The "Certificate Holder" must be designated as Citrus College and "Liability" must show a minimum of \$1,000,000. Once you have received "Additional Insured" Documentation please fax or deliver to P.E./Athletics Facilities Supervisor.)

Will there be food or drinks served at the event?  Yes  No Approved by Food Services: \_\_\_\_\_

Foods to be served: \_\_\_\_\_

\*If yes, please contact the Food Services Supervisor at (626) 914-8615 regarding approval, costs, guarantee and arrangements.

The user will return all property in the same condition it was checked out and shall be liable for any damages which occur while the items were checked out to him/her. The facility must be left clean. Please place all trash in trash receptacles.

The undersigned has read the indicated attachments to this agreement and understands that they are incorporated herein and form a part of the agreement.

- Sports Venues Rules for Use  Concession Stand Rules for Use

The undersigned has read and hereby agrees to abide by and enforce all rules and regulations, pertaining to the use of school facilities established by the Board of Trustees of the Citrus Community College District.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean / Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_



PERMIT FOR USE OF SCHOOL PROPERTY

- Facilities and Equipment Approved  Event Support Checklist Issued Posted on Event Calendar: \_\_\_\_\_