

**SAN MIGUEL JOINT UNION SCHOOL DISTRICT
APPLICATION AND PERMIT TO USE PUBLIC FACILITIES**

Is this ok?
 MOT _____
 Superintendent _____
 Business: _____
 District: _____

Note: This application must be filed two weeks prior to date facilities are desired. Premises must be vacated promptly at the time indicated. A copy of this application will be returned to the applicant when approved.

Name of Organization: _____ Today's Date: _____
 Address: _____ Telephone: _____
 Facility/Equipment Requested: _____ Date of Event: _____
 Purpose: _____ Time: _____
 Size of Group: _____ Open to Public: _____ Admission Charge: _____

Oaths: I do hereby certify that the facts stated in the foregoing are true of my own knowledge. The school property sought to be used hereto in the application is not to be used for the commission of any act intended to further any program or movement the purpose of which is to accomplish the overthrow of the government by force, violence or other unlawful means. Further, in compliance with federal and state laws and District Board of Education Policy, I certify that the above named organization upholds the State and Federal Constitution and prohibits discrimination based on race, sex, color, religion, age, handicap, ancestry, or national origin.

Insurance: Non-free used applicants hereby agree to provide the San Miguel Joint Union School District with a certificate of insurance for at least one million dollars.

Hold Harmless: Applicant agrees to hold the San Miguel Joint Union School District, their Board of Trustees, the individual members thereof, and all District officers, agents, and employees free and harmless from loss, damage, or liability resulting from negligence of applicant using facility. Further, the organization or group you represent shall assume full responsibility for adequate care and protection of the school property involved under this request, and will reimburse the District in full for any damage or loss, which might occur.

 Print Name & Title Signature

DISTRICT USE ONLY

This request is classified as: Free Use Direct Cost Fair Rental

Certificate of Insurance Received: _____

Direct Cost Rates:
 \$100.00 Refundable Cleaning Deposit
 After hour custodial: _____ (\$25.00 per hour)
 Utilities: _____ (Classroom \$5.00/hour; M/P-Cafeteria, Kitchen or Gym \$12.00/hour)

Fair Rental Rates	# of Hours	Estimated Costs	Actual Costs	Difference (+/-)
Classroom Rental = \$15.00 per hour	x _____	= _____	_____	_____
Multipurpose Room = \$50.00 per hour	x _____	= _____	_____	_____
Gym (Mon - Fri) = \$25.00 per hour	x _____	= _____	_____	_____
Gym (Sat - Sun) = \$40.00 per hour	x _____	= _____	_____	_____
Custodial = \$25.00 per hour	x _____	= _____	_____	_____
\$100.00 Refundable Cleaning Deposit		= _____	_____	TOTAL usage fee
Weekend/After Hours Staff Fee \$100.00		= _____	_____	_____

District Approval: _____ Date: _____