

Ross School District
PO Box 1058 / 9 Lagunitas Rd.
Ross, CA 94957

(415) 457-2705 (phone)
(415) 457-8923 (fax)
www.rossbears.org

Facility Use Application / Permit

Activity / Event:

Group Name _____ # of Children _____ # of Adults _____ (Suggested ratio 25:1)
Contact Person _____ Phone _____ Cell Phone _____
Address _____ City _____ State _____ Zip Code _____
Will an admission/donation/tuition be charged? Yes _____ No _____
If so, what is the amount and purpose? _____

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

Billing Address _____ City _____ State _____ Zip Code _____
Contact person _____ Phone _____ Cell Phone _____
Email: _____

Facility you are Requesting:

(Please check one)

_____ Classroom/Library _____ Kitchen (warming/prep)
_____ Conference Room
_____ Multi-Purpose Room/
_____ Stage/Gymnasium (outdoor restrooms)

Equipment Needed:

_____ Chairs _____ Speaker Podium
_____ Tables _____ Light system*
_____ Projector _____ P/A system*
_____ Trash Cans _____ Technology Support*
_____ Projection Screen _____ Other

* Use of Technology Support, Light and P/A systems require District Personnel at an additional cost.

For District Use Only
• <i>Estimated Technology Support Costs:</i>
• <i>Estimated Lighting and P/A System Costs:</i>
• <i>Estimated Custodial Costs:</i>

Date and Time, you are Requesting:

See School Calendar on website for school holidays.

Date: _____ Time: _____ Start _____ Finish _____

Special Setup:

(Complete diagram on the setup page if needed)

Terms and Conditions of this Application:

1. I understand it is necessary to provide a **certificate of insurance** (see attached BP/AR 1330) which names the Ross School District, it's agents, employees, officers and members of the Board, as additional insured. I further understand that this request will become null and void if proof of such insurance is not obtained **48 hours or two business days prior to event(s) being requested.**
2. **To confirm dates and times a 50% non-refundable deposit is required.**
3. I agree that in the event our group cancels the permit that I will not be reimbursed the 50% non-refundable deposit.
4. I understand that unforeseen circumstances may arise requiring the District to rescind this permit. Unexpected need for facilities by Ross School District functions may constitute such circumstances. If cancellation is necessary, the District will attempt to provide as much notice as possible.
5. The above organization does hereby agree to indemnify, defend, save and hold harmless the Ross School District, it's agents, employees, officers, and members of it's Board, against any claim, demand, loss, cost, suit or expense (including reasonable attorney's fees) of whatsoever nature and kind arising from damage to person or property as a consequence of the use of the above-mentioned school property.
6. I state, as a duly authorized representative of the above organization, that, to the best of my knowledge, the above-mentioned property will not be used for the commission of any crime, any act which is prohibited by law, or any act intended to further any program or movement, the purpose of which is to accomplish the overthrow of the government of the United States by force, violence, or other unlawful means.
7. In executing this declaration, I certify under penalty of perjury that the foregoing is true and correct.

I have received a copy of the Facilities Use Permit Application and Procedure Manual, Hold Harmless Agreement and MPR Key Procedures, and have reviewed the appropriate sections and special instructions associated with this use of Ross School District facilities.

Applicant's Signature & Title _____ Date _____

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Application Coordination and Approval:

School Administrator Coordination: yes ___ no ___ Date: _____

Comments: _____

Business Manager: yes ___ no ___ Date: _____

Comments: _____

Total Fee: \$ _____ Insurance amount: \$ _____

ROSS SCHOOL DISTRICT

By: _____
Authorized Signature

Facilities Setup Diagram:

(Use this page for setup requests)