

Harwood Unified Union School District (HUUSD)

Facility Use Application

RETURN FORM DIRECTLY to the administrative assistant at the building site you are requesting:

Please note that this is not a contract. Submission of this request does not guarantee approval. A contract will be provided upon approval of your event/request.

- Please read and complete the entire application, sign and return at least 10 working days prior to your event.
- Additional documents (certificate of insurance, Hold Harmless statement, non-profit status) may be required; you will be notified of required documents after submitting this initial request.
- Public events with anticipated attendance of 100 or more may require user securing security services.

Requestor/Representative:		Phone #	
Business or Organization:		Fax #	
Address		Email	
City, State, Zip		Category:	
Contact Person:		Phone #	
Participants: Non-Profit? Yes ☐ No ☐		Guest Speaker:	
Is your organization charging a participant/admission fee? Yes ☐ No ☐ If yes, amount?			
Event Type/Description:			
Date(s):		Who will be participating? Youth ☐ Adults ☐	
Estimated Attendance:		If youth, will this activity serve HUUSD students? Yes ☐ No ☐	
Event Beginning Time:			
Ending Time:			
Setup Completion Date:		If adults, will this serve HUUSD staff? Yes ☐ No ☐ or community members? Yes ☐ No ☐ ?	
Time:			
Building/School requested:		Room(s) requested:	
Services Required (check appropriate boxes)			
☐ Audio Visual Set-up /Sound Systems – Please explain: (Microphone, Podium, Presentation, etc.)			
☐ Facilities Setup Required – Please explain: (Workshop, Conference, Classroom, etc.)			
☐ Kitchen – May require hiring food service staff			
☐ Sheriff – May require for attendance of 100 or more			
Notes/additional comments:			
Signature of Requestor:		Title:	Date:
***** FOR OFFICE USE ONLY *****			
Certificate of Insurance required: Yes ☐ No ☐ received: Yes ☐ No ☐		Staff Hours required:	
Hold Harmless Agreement required: Yes ☐ No ☐ received: Yes ☐ No ☐		Date of Completion:	
Facility Fee:	Equipment Fee:	Other:	Work Performed by:
Approval:			Date:
Facilities Management's Approval:			Date: