



**LOS ANGELES UNIFIED SCHOOL DISTRICT
REQUEST FOR FACILITIES USE**

Requests must be received no later than 15 Business days before the first day of your requested use.

I. APPLICANT INFORMATION

Date: _____

Please indicate your organization type below and fill in the required applicant information.

FOR LAUSD SCHOOLS OR OFFICES, PROP 39 /CO-LOCATED CHARTERS (only):

- LAUSD School or Affiliated Charter Prop 39 / Co-Located Charter School
 LAUSD Board Member or District Offices

School/Office Name: _____

Mailing Address: _____
Street Address, City, State and Zip Code

LAUSD Contact Person: _____ **E-mail:** _____

Phone: () _____ **Fax:** () _____

Will this event/activity be co-sponsored by other organizations? YES NO

Please list additional sponsors here: _____

OTHER APPLICANTS: The applicable processing fee (money order or cashier check only) is required to be submitted with each application

- Civic or Service Group or one of the following groups: i.e. Boy Scouts, Girl Scouts, Camp Fire Girls, Good News Club or School Advisory Councils
 Other Schools or Private Schools PTA / PTO / Booster Individual
 Public or Governmental Agency Religious Organization Company / Corporation
 Neighborhood Council Non-profit with 501(c)(3) (Number # _____)
 Off-Season Coach Other (describe) _____

Organization Name or Applicant: _____

Mailing Address: _____
Street Address, City, State and Zip Code

Contact Person: _____ **Website:** _____

Driver License or ID# _____ **State where license/ID was issued?** _____

Phone: () _____ **Fax:** () _____

Cell: () _____ **Email:** _____

II. SCHOOL WHERE EVENT/ACTIVITY WILL TAKE PLACE:

a. 1st choice _____ School Contact & Title: _____

b. 2nd choice* _____ School Contact & Title: _____
 (*2nd choice required only if applying for a recreational permit.)

III. EVENT/ACTIVITY DESCRIPTION

(a) Please mark an "X" in the columns to the right to indicate your responses to the questions

1. Will this event occur during school hours?
2. Will any District or Student Body funds be used?
3. Will you charge for the sale of products or fees for services?
 If YES, how much per person? \$ _____ Per day \$ _____ Per week \$ _____
4. Will any fees, admissions or donations be charged or collected for this event/activity?
 If YES, how much per person? \$ _____
 What are funds used for? _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Describe intended event, program or use in detail (Use separate sheet if necessary.) Please attach corroborating information such as copy of flyer or advertising, list activities, detailed agenda or schedule and event itinerary.

- (b) Will any of the items or categories below be a part of the intended event? (Check all activities applicable to your event.)
- Animals BBQ Fireworks Fundraiser Festival/Fair/Carnival Inflatables/Jumpers
 Childcare/Enrichment Cultural activities Religious services Concert/performances
 Recreational sports Recreational camp/clinic Summer/winter/spring camp
 Beautification Event (i.e. gardening, tree planting, murals or painting, campus clean-up)
 Meetings - Check One: _____ Open to the Public _____ Closed to the Public or by invitation only
 Topic to be covered: _____

- (c) Will there be food / food concessions at event? YES NO
- If YES, Pre-packaged food Catering Food Trucks
- Other (explain) _____

IV. REQUESTED DATE(S) / TIME(S): You may attach additional sheets if necessary.

	Event/Program Dates		Times		Specify days of use (i.e. daily, only Mondays)
	From:	To:	From:	To:	
Date(s):					
Date(s):					
Date(s):					
Rehearsal					
Set-up					
Tear-down					

V. ATTENDANCE: Participants/Spectators:

- (a) Number of participants _____ (b) Number of spectators _____
- (c) Will minors (individuals under the age of 18 years old) be participating in this event? YES NO
- (d) What percentage of participants live within boundaries of LAUSD? _____

Youth Group Applicants Only:

- (a) Has the applicant submitted, along with this application, a list of the group's representatives who will be on site during meetings, on this campus(es)? YES NO
- (b) The Applicant understands and agrees that the youth group and its representatives are not authorized to access the facility noted in this application but not authorized to access any other areas of the campus. YES NO

VI. REQUESTED FACILITIES:

Check all facilities to be used:

• **Indoor Facilities:**

- Auditorium Classrooms, number of classrooms _____
 Cafeteria Dining Area only Library Multipurpose Room
 Other (please specify) _____

• **Recreational Facilities:**

- Gymnasium Middle School Gym
 (Check appropriate school/gym size if applicable) High School Gym: Small Large
 Football Field Soccer Field Tennis Courts Track Field
 Swimming Pool Baseball/Softball Diamond Other _____

• **Outdoor or Other Facilities:**

- Outdoor Lunch Area Playground/Blacktop Quad
 Other _____

VII. Parking/Parking Operations:

NOTE: Availability of parking or sufficient parking to accommodate your use during any event is not guaranteed and is at the discretion of the school or District office.

- (a) Check all areas to be used for parking: Street Parking Parking Lot Playground / Blacktop
 - i. Parking will be (check one): **SELF PARKING (no parking operator)**
 PARKING OPERATOR/VALET COMPANY
 - ii. If the applicant is not a parking operator, please provide the name of the company providing services here: _____ (NOTE: Parking operator will also be required to provide insurance.)
 - iii. Will shuttle services be provided? **YES** **NO** Operator Name (if different from above): _____
- (b) Number of cars anticipated? _____
- (c) Will a fee be charged to park? **YES** **NO**
 If **YES**, how much per vehicle? \$ _____ Per day \$ _____ Per week \$ _____

VIII. Will District equipment be required? Describe below (Audio visual, lighting, tables, chairs, etc.) YES NO

(Applicant must request the use of furniture and equipment with the school administrator. Additional fees may be required to be paid for rental of equipment and technical services.)

IX. Insurance Requirements

See Attachment B for Standard Insurance Requirements which are subject to change. Actual insurance requirements will be determined by the nature and scope of your event or activity.

By signing below, the Principal, Administrator or applicant represents that the information provided in this Request for Facilities Use is true and correct. Misstatements, misrepresentations or omissions may cause cancellation, delay or refusal of this facilities use request.

**FOR LAUSD School/Office/Prop 39/
Co-located Charters events**

PRINCIPAL / ADMINISTRATOR SIGNATURE:

FOR OTHER APPLICANT SIGNATURE:

Signature and Date

PRINT NAME and TITLE

Name of School or Office

Signature and Date

PRINT NAME and TITLE (if applicable)

Name of Organization

Forward your completed Request for Facilities Use form as follows:

Scan and email to: facilities-use@lausd.net

OR

Mail or walk-in application to:

Los Angeles Unified School District
Permit Office
333 S Beaudry Avenue, 1st Floor
Los Angeles, CA 90017
Business Hours: 7:00am to 4:00pm

Should you have any questions, please contact:

Los Angeles Unified School District Permit Office	213-241-6785 213-241-6900
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PLEASE BE ADVISED THAT COMPLETION OF THIS FORM AND/OR ACKNOWLEDGEMENT OF RECEIPT OF THIS REQUEST FOR FACILITIES USE DOES NOT CONSTITUTE APPROVAL OR PERMISSION TO MOVE FORWARD WITH YOUR USE.

After the initial review of this completed Request for Facilities Use form, your request will be forwarded to the Division of Risk Management or LAUSD Permit Office for further handling. Additional documents and fees may be required by these offices prior to formal approval of your request.