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 #		
Is your organization charging a participant/admission fee? Yes □ No □ If yes, amount?				
Event Type/Description:				
Date(s):	Who will be	Who will be participating? Youth □ Adults □		
Estimated Attendance:	If youth will	If youth, will this activity serve HUUSD students?		
Event Beginning Time:	ime: Yes No		SCIVE FIGURE Students:	
Ending Time:	103 🗆 110			
Setup Completion Date:	If adults, wil	If adults, will this serve HUUSD staff? Yes □ No □		
Time:	or communi	or community members? Yes \square No \square ?		
Building/School requested:	Room(s) red	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 – Required 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 require			ed:	
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:	