Application cannot exceed one school year - all applications terminate June 30th each year

Date re	eceived	Ьy	site		
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## Mendocino Unified School District

## **FACILITY USE - APPLICATION**

1.	Nam	e of Applicant/	Organization:			400	
2.	Representative:			emailemail			
3.							
4.						0	
	- 11	1					
D	ates of Use	Days of Use	Hours of Use	Persons in Charge	Description of Activity	Estimated Attendance	
DEC	CLARATIC	ON OF APPLIC	· ANT·	<u> </u>			
1.		•	nded use:				
2.	Applie	cant has received	or will receive t	for the activities herein liste	ed contributions, cash collections, registrat	ion fees, admission fees, tuition	
3.	Receip	ons, or other recorts set forth in its	ents estimated in em 2 above will	n amount of \$ be used for:	. If no receipts anticipated for the	se activities check here. ( )	
4.	I, the	undersigned, her	reby certify that	I will be personally respon	sible on behalf of the applicant for any d	amages sustained by the school	
	buildir	ıg, furniture, eqi	aipment, or group	nds occurring through the cost or stolen property.	occupancy or use of said building and or g	rounds by the applicant, normal	
5.	I hereb	y certify that I ha	ave received and	read the Board Policy, Adm	ninistrative Regulation, any required addend cable provisions of the Constitution and la	dums, and that I and the applicant	
	rules a	nd regulations of	f the Board of Ec	lucation and its authorized:	agents which may be communicated to the	applicant and to the best of	
	which:	is prohibited by	law.		hereby made will not be used for the com-		
6.	be mad	e only as specifi	ed by the rules g	overning use of school faci	no refund will be made and that changes in		
7.	ln exec	uting this declar	ation I certify tha	t I have been duly authorize	ed by the herein set forth applicant to act in	its behalf in making application	
HOL				AGREEMENT:	2-		
THE ELECTOR AGAIN OTHE UNDI	UNDERSIC TED OR A INST ALL ( ERWISE, F ERSIGNED	RNED AGREES PPOINTED OF COSTS, LOSSE REGARDLESS 'S USE OR OC	TO DEFEND, IT FICIALS, EMPL S, CLAIMS, AC OF CAUSE, T CCUPANCY OF	NDEMNIFY AND HOLD OYEES, AGENTS AND V TIONS, AND JUDGMENT HAT MAY ARISE IN A DISTRICT FACILITIES. 1	HARMLESS THE MENDOCINO UNIFIC VOLUNTEERS, INDIVIDUALLY AND C IS ARISING FROM PERSONAL INJURIE ANYWAY FROM OR BE ALLEGED FURNITURE OR EQUIPMENT. THE I	OLLECTIVELY, FROM AND ES, PROPERTY DAMAGE OR TO BE CAUSED BY THE INDERSIGNED FURTHER	
		EOUIRED OF		LERITFICATE OF INSU	RANCE FOR LIABILITY COVERAG	SES.	
1. 9	ommerci	al General Lia	ability Covera	ge on an occurrence for	m with a minimum limit of \$1,000,00	0 each occurrence/	
\$	2,000,00	0 general agg	gregate. Liabi	lity deductible not to exce	eed \$2,500. pinted officials, employees, agents and		
а	s additiona	i insured under	r the <u>general lia</u>	bility policy, by endorser	nent to the Certificate. A separate end	iorsement attached to the	
3. <u>P</u>	<b>rimary In</b> fficials, em	surance: Apployees, agent	plicant's insures and volunteer	ditional insured coverage ance shall be <b>primary in</b> s. Any insurance or self-i s shall be excess and sha	nsurance with respect to the District; insurance maintained by the District, it	it's elected or appointed selected or appointed	
					Date		
Applicant Address  Approved by Principal:							
Denied by Principal:					Date		