Use of Facilities Request
Ripon Unified School District
Ripona Elementary School

RA

Facility Desired

- [ ] Multi-Use Room
- [ ] Kitchen *Need Kitchen Form*
- [ ] Library
- [ ] Parking Lot
- [ ] Classroom How Many? _____

- [ ] Fields/Grounds
- [ ] Restrooms
- [ ] Softball Field - North
- [ ] Sotfball Field - South
- [ ] Other - Specify _____

Equipment Desired

- [ ] VCR/TV
- [ ] Sound System
- [ ] Lighting System
- [ ] Microphones
- [ ] Other - Specify _____

- [ ] Chairs - Number _____ Type _____
- [ ] Tables - Number _____ Type _____
- [ ] Projector - Overhead _____ Film _____ Slide _____
- [ ] Podium

Service Desired

- [ ] Custodial Set-Up Needs (if any) _____ by _____ am/pm
- [ ] Open (unlock) at _____ am/pm
- [ ] Actual Event - from _____ am/pm to _____ am/pm
- [ ] Custodial Clean-Up Needs (if any) _____ at _____ am/pm
- [ ] Lock Up at _____ am/pm
- [ ] Sound Technician
- [ ] Other - Specify _____

Purpose of Use: _____

Date(s) Requested: _____

Hours: _____ am/pm to _____ am/pm

Rehearsal/Practice/Preparation Date(s): _____

Hours: _____ am/pm to _____ am/pm

Total Estimated Attendance _____

Notes: _____

SITE APPROVAL

Principal _____   Date _____

DISTRICT APPROVAL: Subject to the signed agreement and in accordance with applicable laws, rules, and regulations, this request is granted by the Ripon Unified School District.

Superintendent _____   Date _____

FEES ASSIGNED: Group Designation #_____

Custodial:	
	RA Assign
	OPS Assign

cc: Applicant
       RA
       Andy
       Salli-Anne
       Accts Pay

FOR	AMOUNT
Use of Facility Fee Assigned	
Deposit Amount Assigned	
Additional Custodial/Utilities Fees	
Other Additional Fees	

2/2/16

Form must be received 3 weeks prior to event or use

Ripon Unified School District
304 N. Acacia Avenue Ripon CA 95366 (209) 599-2010
Use of Facilities Agreement and Information

Name of Organization _____

Requesting Use of _____

     District facilities may be reserved only by organizations or businesses operating within the Ripon Unified School District.

     I understand that use of alcoholic beverages and/or tobacco products by any person is not allowed on district property.

     I, the undersigned, hereby certify that I have been duly authorized to request the use of Ripon Unified School District facilities by the application organization which will be responsible for any loss as enumerated below and for any damage sustained by the school building, furniture or equipment directly attributable to the occupancy of said building; however, in the event said application is made in any individual capacity, then I will be personally responsible for any such damage.

     I hereby certify, on behalf of the applicant organization, that such organization and I have read the regulations on the back of this application and will abide by the Rules and Regulations of the Board of Education of the Ripon Unified School District and that said organization and I will conform to all applicable provisions of the Constitution and Law of the State of California.

Hold Harmless and Indemnification Agreement

Applicant, whether individual, corporation, partnership, association, or public entity as permitted by law, agrees to hold the Ripon Unified School District, its Governing Board, the individual members thereof, and all district officers, agents, and employees free and harmless from and to fully and promptly reimburse the district for any loss, damage, liability, cost, or expense which may occur and is directly attributable to the use of the school property. Before using District facilities, the applicant agrees to furnish such liability or other insurance for the protection of and as required by the school district and to name the Ripon Unified School District as an additional insured and to consider such coverage as primary.

Name of Representative (Please Print) _____ Title/Position _____

Signature of Representative _____ Date _____

Address _____ Phone _____

Date Authorized by this Organization to Sign this Agreement _____

Alternate Contact Person _____ Phone _____

DATE	REQUIREMENT
	Facilities Request Form Received at Site
	Site Approval by Principal
	Facilities Request Form Received at District Office
	District Approval by Superintendent
	Applicant Notified of Decision
	Deposit
	$1,000,000 Liability Insurance Naming RUSD as Additional Insured
	Payment for Services and/or Equipment
	Cleared
	Return of Deposit

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