

# REQUEST FOR FACILITY USE

ALCOHOL USE IS PROHIBITED

TOBACCO USE IS PROHIBITED

Kairos Public School  
129 Elm Street  
Vacaville, CA 95688

Note: Please read this contract carefully to be sure all arrangements are in accordance with your requirements.

TODAY'S DATE: \_\_\_\_\_

REQUESTED FACILITY: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

INTENDED USE: \_\_\_\_\_ DATE(S): \_\_\_\_\_ HOURS: \_\_\_\_\_

Will admission fee, collection, or offering be taken? \_\_\_\_\_ NO

Is this event school related? YES\_ NO\_\_\_ If so, what organization is hosting this event? \_\_\_\_\_

SPECIAL INSTRUCTIONS OR REQUIREMENTS:

The above stated hours must be strictly observed. Should it become necessary to extend the time beyond that specified in this application, special permission must be obtained from the school principal and an understanding arrived at with the custodian assigned to be in charge of said school property before the meeting or event begins, and in all such instances, additional charges (if charge is being made) shall be made.

**All facility users must have on file a current general liability "Certificate of Insurance" and must be received prior to the use of requested facility. The certificate must name the VACAVILLE UNIFIED SCHOOL DISTRICT and Kairos Public School Vacaville Academy as CERTIFICATE HOLDERS and be named as ADDITIONAL INSURED (minimum of \$1,000,000.00). Please mail your certificate of insurance to Kairos Public School , ATTN: Facilities, 129 Elm Street, Vacaville, CA 95688, or FAX (707) 455-1562. FAILURE TO SUBMIT VALID INSURANCE CERTIFICATE WILL RESULT IN DENIAL OF USE OF FACILITY.**

The applicant hereby agrees to hold the Kairos Public School Vacaville Academy, the Vacaville Unified School District, its Board of Education, the individual members thereof, and all District officers, agents and employees free and harmless from any loss of or damage to school facilities or property, in the amount required to replace or repair said property, when such loss and/or damage was occasioned by or growing out of the use requested.

NOTE: The signing of this form signifies that the applicant has had the rules and regulations governing the public use of school facilities, as adopted by the Board of Trustees, made available to him/her and has agreed to abide by such rules and regulations.

An individual making application for the use of school facilities must be an officer of such organization or must present a letter of authorization from said organization.

SIGNATURE OF PERSON MAKING APPLICATION

PRINTED NAME OF PERSON MAKING APPLICATION

ORGANIZATION REQUESTING APPLICATION

ADDRESS

CITY AND ZIP CODE

TELEPHONE NO.

MOBILE PHONE NO.

EMAIL ADDRESS

## PERMIT FOR USE OF SCHOOL PROPERTY

School Principal signature does not constitute or guarantee final approval. Permit is approved only after all stipulations and signatures have been completed below.

-----  
*Do Not Write Below This Line - For VUSD Personnel Only*

<b>Facilities Department ONLY</b>	
Charges to be made:	<input type="checkbox"/> Date Application received
Custodial Fee: hrs @ \$ = \$	<input type="checkbox"/> Insurance Certificate Current
Building Fee: hrs @ \$ = \$	<input type="checkbox"/> M&O Approval
Equipment Fee/Other = \$	<input type="checkbox"/> Child Nutrition Approval on file if applicable
Total Charge(s): = \$	
<small>Estimate Only - Custodial fees may apply if set up/clean up is needed.</small>	Facilities Director Signature
	Date