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

I. APPLICANT INFORMATION

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

<table>
<thead>
<tr>
<th>FOR LAUSD SCHOOLS OR OFFICES, PROP 39 /CO-LOCATED CHARTERS (only):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ LAUSD School or Affiliated Charter</td>
</tr>
<tr>
<td>☐ Prop 39 / Co-Located Charter School</td>
</tr>
<tr>
<td>☐ LAUSD Board Member or District Offices</td>
</tr>
<tr>
<td>School/Office Name: ________________________________________</td>
</tr>
<tr>
<td>Mailing Address: ____________________________________________</td>
</tr>
<tr>
<td>LAUSD Contact Person: ___________________ E-mail: ___________</td>
</tr>
<tr>
<td>Phone: ( ) __________________ Fax: ( ) ____________________</td>
</tr>
<tr>
<td>Will this event/activity be co-sponsored by other organizations? ☐ YES ☐ NO</td>
</tr>
<tr>
<td>Please list additional sponsors here: ________________________</td>
</tr>
</tbody>
</table>

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: ______________________________________________________|
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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>☐</td>
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<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

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? ______________________________________________________

Los Angeles Unified School District
Request for Facilities Use
Attachment H
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
- Inflatable/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

(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.

<table>
<thead>
<tr>
<th>Event/Program Dates</th>
<th>Times</th>
<th>Specify days of use (i.e. daily, only Mondays)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s): From:</td>
<td>To:</td>
<td>From: To:</td>
</tr>
<tr>
<td>Rehearsal Date(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tear-down</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
  - Cafeteria Dining Area only
  - Library
  - Multipurpose Room
  - Other (please specify)

- Recreational Facilities:
  - Gymnasium
  - Middle School Gym
  - 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

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: ____________________________

Signature and Date ________

PRINT NAME ________ and TITLE ________

Name of School or Office ____________________________

FOR OTHER APPLICANT SIGNATURE: ____________________________

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

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.