

San Marino Unified School District

Permit No.: _____
Date: _____

Attn: Facility Permits
1645 Sherwood Road
San Marino, California 91108

APPLICATION FOR USE OF FACILITIES

Phone: 626-299-7000, Ext. 260 Fax: 626-293-1841

See reverse for additional information/document requirement

Submit requests and documents to the above address

**Completing and submitting the "Application for Use of Facilities" does not insure the facility use will be granted.
The San Marino Unified School District reserves the right to reject any incomplete application.**

Organization's Name _____

Type of Organization _____

**Non-Profit
Organization? Yes No**
(If YES, attach proof of non-profit status)

Adult requesting permit _____

Title _____

Organization Address _____

City _____

State _____

Zip _____

Phone _____

Business Phone _____

CERTIFICATE OF INSURANCE: REQUIRED: Yes No

RECEIVED: Yes No

Will there be any admission charge, solicitation or collection of funds? Yes No If YES, how will proceeds be used? _____

Is Meeting Open to the public? Yes No

Number of Participants:

Estimated Attendance:

****Please Mark** DISTRICT OFFICE SAN MARINO HIGH SCHOOL HUNTINGTON MIDDLE SCHOOL
Site Requested: CARVER ELEMENTARY VALENTINE ELEMENTARY

Specify Facility/Area Needed _____

Number of Days _____

Event _____

Purpose of Event _____

Day(s) of the Week: (Please list individually) _____

Date(s): _____

Time: (Facility opening and closing - a.m./p.m.) _____

Equipment, Tech/Light & Sound AND/OR Special Arrangements: Please attach a diagram if setup for tables is requested

Applicant's Signature _____

Date _____

OFFICE USE ONLY:

AVAILABILITY CONFIRMED BY: _____ Date: _____

Will air conditioning be required? _____ YES _____ NO

Willing to reimburse custodial service fees? _____ YES _____ NO

ASSIGNED TO: Custodian: _____ Cafeteria worker: _____

SEND: Date: _____ To: _____ From: _____

Comments: _____