## Hesperia Unified School District APPLICATION FOR USE OF SCHOOL FACILITY OR FIELD

School Site Requested:		Date:			
Facility/Area Requested (Classroom, Caf					
Field Requested * (Soccer, Baseball, Football):			Grounds Supervisor Ok:		
*If field is being requested, restroom faci provider as proof of compliance with this		d maintained	l by group using fie	eld. Attach contract with	
Date/s requested:		Time	e:		
Group:	Event/Program	ı:			
Number of people expected at Facility or	Field:		Age Group:		
Contact Name:		Phone: _			
Mailing/Billing Address:					
Please attach list of all responsible adu	lts at this event or program	(coaches, l	enders, tenchers, etc	:):	
There will will not be a	n admission charge or collect	tion for this	event or program.		
Net proceeds will be used for:		Use is _	is not	open and non-exclusive.	
Equipment Requested:					
All advertising for event or program is si	ıbject to District approval.				
be used for the commission of a the overthrow of the Governmer  3. Applicant will or will not Regulation 1330 as a condition  4. That, the organization on whose knowledge, advocate the overthrother unlawful means, and that, organization required by law to the penalty of perjury.  Signature:	nt of the United States by for be required to submit a confidence of approval.) behalf he is making applications of the Government of the to the best of his knowledge be registered with the Attorn	ce, violence Certificate of tion for use of E United State it is not a co ey General of Printed a	or other unlawful nf Liability Insurance of school property, tes or of the State of communist-action or of the United States came:	neans. e pursuant to Administrative does not, to the best of his of California by force, violence or ganization or communist-front this statement is made under	
Must be an officer of the group or presen	it written authority from orgo	inization ma	ang tas appacatio	<i>n</i> .	
Approved by Site Administrator:		Dota:	_	Estimated	
Approved by District		Date		JOSES.	
Representative (Grounds):		Date: _			
By your initials, you are assuring the Dis The cost estimated is just an estimation, a					
Actual Costs Employee or Facility:	Dates/Hours Used:	Ţ	Kate:	Total Charges Due:	
Total Costs \$	Schools: Please forwar	 d after use (	or monthh) to Bus	tuess Services for Billing.	

Rev. 6/02 White: School Yellow: Custodian Pink: Risk Management Goldenrod: Applicant