



**HILMAR UNIFIED SCHOOL DISTRICT  
FACILITIES USE APPLICATION**

7807 Lander Ave.  
Hilmar, CA 95324  
TEL (209) 667-5701  
FAX (209) 667-1721

INDIVIDUAL OR ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

FACILITY(IES) REQUESTED: \_\_\_\_\_

Note: District Policy requires the assignment of an employee at any time the Strom Gym or District Kitchen is used. The additional wages paid to that employee are added to the fee charged to the user.

DATE(S) OF USE: \_\_\_\_\_

STARTING AND ENDING TIME EACH DATE: \_\_\_\_\_

Note: Starting time should include planned set-up time and ending time should include planned take-down and clean-up time.

ADDITIONAL SERVICES AND EQUIPMENT REQUESTED: \_\_\_\_\_

ESTIMATED NUMBER OF PARTICIPANTS AND SPECTATORS: \_\_\_\_\_

ACTIVITIES PLANNED: \_\_\_\_\_

WILL ITEMS BE SOLD, ADMISSION CHARGED OR DONATIONS SOLICITED? ☐ YES ☐ NO

IF YES, WHAT IS THE PLANNED USE OF FUNDS RAISED? \_\_\_\_\_

**AGREEMENT FOR USE OF FACILITIES** (Please Read):

*On behalf of the organization listed above and myself, I agree:*

1. *1. to provide liability insurance coverage and written verification of such coverage before use.*
2. *2. to indemnify and hold harmless the Hilmar Unified School District from accident or injury occasioned by my (our) use.*
3. *3. to abide by District rules and all applicable laws.*
4. *4. that causing excessive damage, failure to abide by District rules or applicable laws; failure to pay charges for use, damages, or clean-up in a timely manner; or failure to abide by special conditions imposed by the School District may result in cancellation of this permit and/or the revocation of eligibility to use school facilities.*

SIGNATURE \_\_\_\_\_ RELATIONSHIP TO ORGANIZATION \_\_\_\_\_

**DISTRICT RESPONSE**

*to be filled out by district office personnel*

DESIGNATION: ☐ PRIVATE/RENT ☐ CIVIC CENTER/COSTS ONLY

☐ HILMAR/STEVINSON YOUTH GROUP: ☐ ROSTER REQUIRED: ☐ YES ☐ NO

LIABILITY INSURANCE VERIFICATION: ☐ YES ☐ PENDING

DISPOSITION: ☐ ADMINISTRATIVE APPROVAL: ☐ APPROVED ☐ DENIED.

☐ REFERRED TO SCHOOL BOARD: ☐ MEETING DATE: ☐ APPROVED ☐ DENIED.

SPECIAL CONDITIONS IMPOSED OR COMMENT: \_\_\_\_\_

*KEYS ARE CHECKED OUT FROM THE DISTRICT OFFICE WITH A \$20 REFUNDABLE SECURITY DEPOSIT.*

CHARGES: BASIC FACILITIES FEE: \_\_\_\_\_ HRS X \_\_\_\_\_ RATE = \_\_\_\_\_

COSTS FOR ASSIGNED EMPLOYEE \_\_\_\_\_ HRS X \_\_\_\_\_ RATE = \_\_\_\_\_

OTHER (SPECIFY): \_\_\_\_\_ AMOUNT: \_\_\_\_\_

LESS DISCOUNT FOR HILMAR/STEVINSON YOUTH GROUP \_\_\_\_\_

TOTAL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CC: \_\_\_\_\_