

**SVECSD PUBLIC USE OF SCHOOL FACILITIES**

1500.2E

REQUESTING ORGANIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
Building/Area Requested: \_\_\_\_\_ Portion Needed: \_\_\_\_\_  
Dates Desired: \_\_\_\_\_ Time From: \_\_\_\_\_ To: \_\_\_\_\_  
Day(s) of Week: \_\_\_\_\_ Will food or drink be dispensed: \_\_\_\_\_  
Specific purpose or use: \_\_\_\_\_  
Is admission fee to be charged? \_\_\_\_\_  
If yes, name of educational or charitable organization to be benefited: \_\_\_\_\_  
Expected attendance: \_\_\_\_\_

Name, address, contact info and signatures of at least **TWO** officers or persons in charge of function must be provided below. **Designate at least one of the two who will be present during the entire period of time.**

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**Note:** All persons, organizations, or other entities that request the use of district facilities must be in compliance with Title IX of the Education Amendments of 1972. **Each application must contain the following signed assurance:**

The \_\_\_\_\_ agrees to comply to the extent applicable with Title IX of the Education Amendments of 1972 and applicable requirements imposed, to the end that no person shall be excluded from participation in, denied the benefit of, or be otherwise subjected to discrimination under any activity conducted by the group/organization while using school facilities.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Upon tentative approval you must:** Provide the District Office with proof of liability insurance.

You may also be responsible for support staff expenses as a result of this facility use.

**DO NOT ADVERTISE OR PLAN ON USING FACILITIES**  
**UNTIL THIS APPLICATION HAS BEEN APPROVED AND RETURNED TO YOU.**

*Return completed application to the appropriate building/facility administrator or submit electronically below.*

**BUILDING/FACILITY ADMINISTRATOR**

Approved: \_\_\_\_\_ RoomMate#: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Athletic Director Approval Date

**DISTRICT OFFICE APPROVAL**

Insurance Certificate Received: \_\_\_\_\_  
\_\_\_\_\_  
Signature Date