

**APPLICATION AGREEMENT FOR USE OF DISTRICT PROPERTY**  
*Must Be Submitted No Less Than 14 Days Prior to Use*

PLEASE FILL THIS FORM OUT COMPLETELY USING A BALLPOINT PEN OR TYPEWRITER

**STATEMENT OF INFORMATION**

Legal authorization for use of school property for public purposes shall be determined by the Education Code, State of California, Division 12, Chapter 4 – Public Use of School Property for Public Purposes, Section 40040 through 40058, inclusive. The undersigned certifies that the school property for use of which this application is hereby made, will be used for lawful purposes only; and agrees to pay for any and all damages to premises and equipment occasioned by the use and occupancy; and to assume sole responsibility for any and all claims for loss, damage, injury, or liability resulting from said use and occupancy, saving the District and its officers, agents, and employees harmless from any such claims; and that they have read and agree to comply with all requirements set forth on this document. Rental fees, staff salaries and deposits may be subject to advance payment. In the event of a scheduling conflict, the applicant shall understand that the use for Santa Maria Joint Union High School District purposes shall have priority over any other request. **NO ALCOHOLIC BEVERAGES OR TOBACCO PRODUCTS ARE ALLOWED ON ANY DISTRICT PROPERTY. Warning: Use of steroids to increase strength or growth can cause serious health problems. Steroids can keep teenagers from growing to their full height; they can also cause heart disease, stroke, and damaged liver function. Men and women using steroids may develop fertility problems, personality changes, and acne. Men can also experience premature balding and development of breast tissue. These health hazards are in addition to the civil and criminal penalties for unauthorized sale, use, or exchange of anabolic steroids.**

**INSURANCE REQUIREMENTS:** *Required certificate of liability insurance naming Santa Maria Joint Union High School District as additional insured with combined limits of \$1,000,000 for personal injury and property damage, which includes terms of coverage, limits of liability, name of company and policy number.*

Applicant Name: \_\_\_\_\_ Organization \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (Daytime): \_\_\_\_\_ (Evenings): \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Description of Activity: \_\_\_\_\_ Expected Attendance \_\_\_\_\_  
 Is event open to the public?  YES  NO Will admission/donation be made?  YES  NO If YES, Amount \$ \_\_\_\_\_  
 Classification of Organization:  Private  Public  Non-Profit Tax Exempt Number \_\_\_\_\_  
 Date of Application: \_\_\_\_\_ Signature: ✓ \_\_\_\_\_

**Cancellation notice must be received in writing at the School Site 72 hours prior to your scheduled event to avoid minimum charges. Changes to requested times and/or set-up arrangements must be presented to the Facility Plant Manager 5 days in advance and are subject to District approval.**

***NO FOOD OR DRINK ALLOWED IN GYM OR STADIUM***

**FACILITY DESIRED**

- RIGHETTI HIGH SCHOOL**  
 Sword & Shield  Gymnasium  Gym Stage  Showers  
 Cafeteria  Stage  Other \_\_\_\_\_  
 Football Stadium  Concession Stand  Track  Lighting  
 Classroom (Room #) \_\_\_\_\_  Pool

**EQUIPMENT**

- Note: Submit drawing of set-up.**  
 Folding Chairs # \_\_\_\_\_  Folding Tables # \_\_\_\_\_  
 P.A. System  Podium  Bleachers ( Home Side  Visitors)  
 Parking Lot/Access Gates  Other \_\_\_\_\_

**DATE(S) and TIME(S) of Use**  
**(Include set-up and break-down time.)**

DATE	DAY	Hours of Use Specify A.M. or P.M.
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____

Applicant Notes/Comments: \_\_\_\_\_

**NOTE: Use of Concession Stand Requires Health Permit**

**FACILITY PERSONNEL USE ONLY**

FACILITIES AVAILABLE:  YES  NO  
 PLANT MANAGER APPROVAL: ✓ \_\_\_\_\_  
 ATHLETIC DIRECTOR APPROVAL: ✓ \_\_\_\_\_  
 SITE ADMINISTRATOR APPROVAL (IF REQUIRED) ✓ \_\_\_\_\_  
 \_\_\_\_\_  
 OTHER APPROVAL (IF REQUIRED): ✓ \_\_\_\_\_  
 NOTES/COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

**SITE OFFICE USE ONLY**

FEE ESTIMATE: \$ \_\_\_\_\_ DEPOSIT: \$ \_\_\_\_\_ w/DUE DATE on: \_\_\_\_\_ INSURANCE CERTIFICATE REQUIRED by: \_\_\_\_\_  
 DISTRICT APPROVAL: ✓ \_\_\_\_\_ DATE: \_\_\_\_\_ NOTES/COMMENTS: \_\_\_\_\_