

BEAR VALLEY UNIFIED SCHOOL DISTRICT  
EDUCATION FOUNDATION  
P.O. Box 1529, Big Bear Lake, California 92315  
**APPLICATION FOR USE OF FOUNDATION FACILITIES**

Request is hereby made by the undersigned for the use of the following foundation facilities on the date(s) set forth (this is to include practices as well as scheduled events):

<u>FACILITY</u>	<u>DATE(S)</u>	<u>HOURS</u>
_____	_____	From: _____ To: _____
_____	_____	From: _____ To: _____
_____	_____	From: _____ To: _____

Nature of Use: \_\_\_\_\_  
\_\_\_\_\_

An admission charge or collection ☐ Will ☐ Will Not be made.

Expected attendance: \_\_\_\_\_

The net proceeds will be used for: \_\_\_\_\_

The following items or equipment will be needed: \_\_\_\_\_

**NO SMOKING POLICY**

Smoking is prohibited at any time on foundation property.

**LIABILITY FOR PROPERTY DAMAGE**

Groups or organizations using foundation property or facilities shall be liable for any property damages caused by the activity. **Any course markings must be removed within 24 hours of the event.**

**REQUIRED CERTIFICATION**

1. Applicant hereby agrees to hold the Bear Valley Unified School District Education Foundation, its Board of Directors, the individual members thereof, and all foundation officers, agents and employees free and harmless from such loss, damage, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of foundation property.
2. Applicant (organization) is requested to show proof of liability insurance by filing a Certificate of Insurance with the foundation prior to the use of the property or facility.
3. The undersigned, as a duly authorized representative for \_\_\_\_\_  
(organization) states that, to the best of his/her knowledge, the foundation property for use of which application is hereby made, will not be used for the commission of any crime or act which is prohibited by law.

ORGANIZATION: \_\_\_\_\_

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

(Must be an officer or present written authority from the organization making this application)

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ Date: \_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**APPROVAL:** By: \_\_\_\_\_

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

Certificate of Insurance on file: \_\_\_\_\_

Record of Payment (when required)

Deposit: \_\_\_\_\_ Receipt: \_\_\_\_\_

Balance: \_\_\_\_\_ Receipt: \_\_\_\_\_