

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.

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: _____