

Return the application to the school where you wish to use facilities. The District Business Office will receive the form from the school and will mail a copy to you after the application has been approved. Permission to use is not final until you receive the approved copy. **ALLOW 2 WEEKS FOR APPROVAL. PLEASE READ RULES ON REVERSE SIDE.**

MORONGO UNIFIED SCHOOL DISTRICT
P.O. BOX 1209
Twentynine Palms, CA 92277

APPLICATION FOR USE OF SCHOOL FACILITIES

NO. _____ Date Request Submitted _____

- 1. School desired _____ Specific Room _____
- 2. Equipment needed _____
- 3. Specific arrangements: _____
- 4. Description of activity: _____
- 5. Date(s) of use on Monthly Basis: Mo. _____ Dates: _____ From: A.M. / P.M. _____ To: A.M. / P.M. _____ Total Hours _____

* 6. Is Kitchen required? _____ Date: _____ From: _____ A.M. To: _____ P.M. * Note: Kitchen attendant required.
_____ A.M. _____ P.M.

(Kitchen will be kept locked unless specifically requested.) Special requirements must be coordinated through District Food Service Office. Phone 367-9191 Ext.256

- 7. Expected attendance _____ Is meeting open to public? _____
- 8. Is the organization formed for general character building or welfare purpose? _____
- 9. Will fees be charged? _____ If yes, what type? _____
- 10. If the answer to Item 9 is "Yes", will the net receipts be expended for the welfare of the pupils of the Morongo Unified School District? _____
For charitable purposes? _____ For the support of your organization? _____

APPROVALS

Site Availability _____ School Administrator _____ Date _____
Review/Cost _____ Custodial Trades Supervisor _____ Date _____
Final Approval _____ Assistant Supt./Superintendent _____ Date _____

ESTIMATED	DIRECT COST	FAIR RENTAL	OTHER	N/C
CHARGES	\$	\$	\$	

Accounting Use Only: Total Charges _____
Invoice No. _____ Date _____ Receipt No. _____

Custodial Supervisor Use Only:
Sub Custodian Required: Yes _____ No _____
Dates: _____
Time: _____ A.M. _____ A.M.
_____ P.M. to _____ P.M.
Time: _____ A.M. _____ A.M.
_____ P.M. to _____ P.M.
Comments: _____

Distribution: District Office, Custodian, Applicant, Principal.
Please direct Use of Facilities questions to: Community Services Coordinator.
760-367-9191 Ext. 235

FS _____ A _____ Bus. Rev. 9/03

STATEMENT OF INFORMATION

The undersigned states that, to the best of his or her knowledge, the school property for use of which application is hereby made will not be used for the commission of any act intended to further any program of movement, the purpose of which is to accomplish the overthrow of the government of the United States by force, violence or other unlawful means:

That _____, the organization on whose behalf he or she is making application for use of school property, does not, to the best of his or her knowledge, advocate the overthrow of the government of the United States or the State of California by force, violence, or other unlawful means, and that, to the best of his or her knowledge, it is not a Communist action organization or Communist front organization required by law to be registered with the Attorney General of the United States. This statement is made under the penalties of perjury.

HOLD HARMLESS

Applicants hereby agree to hold the Morongo Unified School District, its Governing Board, the individual members thereof, all District officers, agents, and employees free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by occupancy of school property. We further agree that any abuse may be considered grounds for denial of use of facilities.

Name of Organization

Signature of Officer or Authorized Agent

Print Name of Officer or Authorized Agent
Mailing Address: _____

City State Zip Code
Email _____
Telephone Number _____
Name of individual in charge of activity on site:
