

LAGUNA BEACH UNIFIED SCHOOL DISTRICT
 APPLICATION FOR USE OF ATHLETIC FACILITIES
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I.D.# _____
 OFFICE USE ONLY

APPLICANT INFORMATION

Contact Name _____ Cell Phone _____ Today's Date _____
 Organization Name _____ Website _____
 Purpose/Goals of Organization _____
 Membership & Meeting open to the public? _____ Active Board of Directors? _____ Non-Profit? _____ (if yes, attach 501C3)
 Address _____ City _____, CA Zip _____
 Email _____

RESERVATION REQUEST

Requested School Location _____ (1st Choice) _____ (2nd Choice)

PLEASE COMPLETE INDIVIDUAL APPLICATIONS FOR EACH LOCATION. NO REQUESTS EARLIER THAN 6 MONTHS ACCEPTED.

Title of Event _____ Details _____
 Area Requesting _____
 Additional Needs/Comments _____

Date(s)	Day of Week	Start-End Time	# of Hrs	Person in Charge (during event)	Cell Phone	Estimated # of People

Under no circumstances may an event take place without a signed permit in user's possession at time of use.
 Certificate of Insurance meeting requirements as set forth by LBUUSD is required.
 Upon approval, users must enter request into the Community Use System to complete the registration and permit process.
 Day of event contact: Custodian on Duty

Signature of Applicant/Representative _____ Date _____

OFFICE USE ONLY

PERMIT GRANTED BY _____ DATE APPROVED _____

FEE ESTIMATE:	AD:	Site:
	Facilities:	