



# ROMOLAND SCHOOL DISTRICT

25900 Leon Road, Homeland, CA 92548  
 Phone: 951.926.9244 ♦ Fax: 951.926.2170

**Trevor J. Painton**  
 Superintendent  
**Michelle Wise**  
 Assistant Superintendent  
**Carol L. Cole**  
 Chief Business Official  
**John Murray**  
 Director of Human Resources  
**Vince Butler**  
 Chief Technology Officer

## Application and Permit for Use of Facilities

Name of Organization / Applicant: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address of Organization / Applicant: \_\_\_\_\_  
 (Street) (City) (State) (Zip Cod)

Name of Representative: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Activity or Event: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Facility Requested	Room(s)/Location Desired	Date(s) of Use	Day(s) of the Week	Time(s)
<input type="checkbox"/> Boulder Ridge Elementary School 27327 Junipero Rd., Menifee, CA 92585				
<input type="checkbox"/> Harvest Valley Elementary School 29955 Watson Rd., Menifee, CA 92585				
<input type="checkbox"/> Mesa View Elementary School 27227 Heritage Lake Dr., Menifee, CA 92548				
<input type="checkbox"/> Romoland Elementary School 25890 Antelope Rd., Menifee, CA 92585				
<input type="checkbox"/> Ethan A. Chase Middle School 28100 Calm Horizon Dr., Menifee, CA 92585				
<input type="checkbox"/> Romoland School District Office 25900 Leon Rd., Homeland, CA 92548				
<b>*Staff Requested</b>		<b>Equipment or Additional Items Needed</b>		
<input type="checkbox"/> Custodian <input type="checkbox"/> Food Service				

\*A Custodian is required when requesting use of facility. A Food Service Worker is required when the use of cafeteria kitchens is required.

### DECLARATION OF APPLICANT

- Nature of type of intended use: \_\_\_\_\_
- Applicant has received or will receive the activities herein listed contributions, cash collections, registration fees, tuition, donations, or other receipts estimated in amount of \$ \_\_\_\_\_. If no receipts anticipated for these activities check here.
- Receipts set forth in item 2 above will be used for \_\_\_\_\_
- I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damages sustained by the school building, furniture, equipment, or grounds occurring through the occupancy or use of said building and or grounds by the applicant, normal wear and tear excepted.
- I hereby certify that I have received and read the rules, regulations, conditions and terms regarding this application for use of district facilities and that I the applicant which I represent, will abide by them and will conform to all applicable provisions of the Constitution and laws of California and to all other rules and regulations of the Board of Education and its authorized agents which may be communicated to the applicant.
- It is agreed that in the event this permit I canceled by the applicant no refund will be made and that changes in date or extension of time shall be made only as specified by the rules governing use of school facilities.
- In executing this declaration I certify that I have been duly authorized by the herein set forth applicant to act on its behalf in making application for use of said facilities.
- The undersigned states that to the best of his 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 or movement; the purpose of which is to accomplish the overthrow of the Government of the United States by force, violence or other unlawful means and that to the best of his knowledge it is not a communist action organization required by law to be registered with the Attorney General of the United States.

\_\_\_\_\_  
 Signature of Representative

\_\_\_\_\_  
 Date

### RECOMMENDATION/APPROVALS

- |   |   |
|---|---|
| <input type="checkbox"/> TERMS: 50% of fee payable with application; balance seven days prior to use.                                       | <input type="checkbox"/> Office Authorization for Custodial Services: <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| <input type="checkbox"/> DAMAGE DEPOSIT \$250 minimum (REFUNDABLE (full or partial) after Damage Assessment is verified by RSD Admin)       | <input type="checkbox"/> Office Authorization for Food Service Worker: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> PAYMENTS: Payable to Romoland School District. (Failure to comply with the terms will be cause to deny permission) | <input type="checkbox"/> Security Required (100+ attending) <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| <input type="checkbox"/> Insurance Required: \$ _____ P.L. \$ _____ P.D.  | <input type="checkbox"/> Authorization of Other Services/Equipment: <input type="checkbox"/> YES <input type="checkbox"/> NO    |
| <input type="checkbox"/> Additional Insured – Endorsement Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No     | <input type="checkbox"/> Comments/Exceptions: _____   |
| <input type="checkbox"/> Fee: \$                      Deposit: \$                      Balance Due: \$                                      |   |

\_\_\_\_\_  
 Site Administrator Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Director of Facilities & MOT Signature

\_\_\_\_\_  
 Date

Note: A Certificate of Liability Insurance in the amount of \$1 million dollars must be attached at the time this request is submitted. REQUIREMENT FOR APPRVAL: Naming ROMOLAND SCHOOL DISTRICT as the Certificate Holder on the Certificate of Liability AND Additional Insured on Endorsement Page