



<b>Application Approved?</b>	
Yes	No
Date: _____	Initials: _____

## APPLICATION FOR USE OF ESU FACILITIES

**Name of Organization Making Request:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Type of Organization and Description of Activity or Event:**

\_\_\_\_ Tax-supported agency such as educational entity or unit of city, county or state government.

*Describe:* \_\_\_\_\_

\_\_\_\_ Nonprofit community agency such as a private educational agency.

*Describe:* \_\_\_\_\_

\_\_\_\_ Other. *Describe:* \_\_\_\_\_

**Facilities Requested: Building:** \_\_\_\_\_ **Areas:** \_\_\_\_\_

**Dates & Times Requested:**

<u>Dates (From – To)</u>	<u>Time (From – To)</u>	<u>Repeating</u>
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No

**Details of Use (Attach an additional explanation if needed):**

Describe the Type of Activity or Event: \_\_\_\_\_

Number of Anticipated Users and Participants: \_\_\_\_\_ Food Served: Yes No

Food ordered by ESU? Yes No Describe: \_\_\_\_\_

Set Up or Tear Down Required by ESU: \_\_\_\_\_

Type of Cleaning Required During and Afterwards: \_\_\_\_\_

Special Equipment to be Used (ESU & Organization): \_\_\_\_\_

The applicant shall procure, at its own expense, a Comprehensive General Liability insurance policy naming the ESU as an additional insured entity. This policy shall be written with a minimum of \$1,000,000 Combined Single Limit per occurrence. A Certificate of Insurance evidencing coverage must be submitted prior to the Applicant's Use.

<i>Office Use Only</i>	
Certificate of Insurance on File? Yes No	Insurance requirement waived? Yes No
Fee/Description	Cost
Processing/Custodial/Set Up/Tear Down	\$50
Access/Monitoring (Per Diem of Staff Present/Hours)	\$ _____ Hours _____
Total Processing (Per Diem x Hours)	\$ _____

<b>Requestor Signature:</b> _____	<b>ESU Administrator Signature:</b> _____
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