

Record # _____

Emailed _____

College of the Desert
Office of Fiscal Services
43-500 Monterey Avenue
Palm Desert, California 92260
760-776-7490 FAX 760-341-8678

Security: Open _____ am/pm
Close _____ am/pm

APPLICATION AND PERMIT FOR USE OF SCHOOL FACILITIES

Name of Applicant _____ Representative _____
Organization, Group, Individual

Address of Applicant _____
Street City State Zip

Facility Requested _____
Building - Room - Grounds - Special Facilities

Description of Activity _____

Date of Use	Day of Week	Time of Use	Person in Charge	Description of Activity	Size of Group

DECLARATION OF APPLICANT

1. _____ Nature or type of intended use: _____
2. _____ Applicant has received or will receive for the activities herein listed contributions, cash collections, registration fees, admission fees, tuition, donations or other receipts estimated to amount to \$ _____. If no receipts anticipated for these activities check here .
3. _____ Applicant hereby agrees to hold the Desert Community College District, its Trustees, the individual members thereof and 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 such use and or occupancy of school facilities. The applicant will furnish a certificate of liability insurance in the amount of \$1,000,000 with the DCCD named as an additional insured.
4. _____ 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 accruing through the occupancy or use of said building and/or grounds by the applicant, normal wear and tear excepted.
5. _____ I hereby certify that I have received and read the rules, regulations, conditions and terms and that I, and 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 Trustees and its authorized agents which may be communicated to the applicant, and to the best of my knowledge the college property for use of which this application is hereby made will not be used for the commission of any crime or any act which is prohibited by law.
6. _____ It is agreed that in the event this permit is 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.
7. _____ In executing this declaration, I certify that I have been duly authorized by the herein set forth applicant to act in its behalf in making application for use of said facilities.

Signature of Applicant / Representative _____ Date _____

Address _____ Email _____ Phone _____

Note: This is an application for use only. Confirmation and invoice will be under separate cover.

RECOMMENDATIONS/APPROVALS (Do not write below this line)

1. Terms: Fee payable 3 days prior to use. Failure to comply with terms will be cause to deny permission.
2. Usage Fee: \$ _____
3. Payments: Payable to College of the Desert
4. Authorized Representative of Requested Facility: _____ date _____
5. Signature of Student Life Director (if a student club): _____ date _____
6. Processed by Fiscal Services: _____ date _____