

Facility & Event

TODAY'S DATE		SITE OF USE	
APP. MUST BE SUBMITTED AT LEAST 10 DAYS BEFORE EVENT		<input type="checkbox"/> Rocklin Campus <input type="checkbox"/> Roseville Gateway Center	<input type="checkbox"/> Nevada County Campus <input type="checkbox"/> Tahoe Truckee Center
FACILITIES REQUESTED			
DATE(S) REQUESTED		DESCRIPTION OF ACTIVITY	
SETUP STARTING TIME	EVENT STARTING TIME	EVENT ENDING TIME	CLEANUP ENDING TIME
HOW MANY PARTICIPANTS EXPECTED?	HOW MANY SPECTATORS EXPECTED?	WILL YOU CHARGE ADMISSION OR ASK FOR DONATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MUCH PER PERSON?
NAME OF PERSON-IN-CHARGE WHO WILL BE PRESENT AT THE EVENT			CELL PHONE OF PERSON-IN-CHARGE

Applicant & Organization

Your name		Your title	
ORGANIZATION NAME		ORGANIZATION ADDRESS, CITY, STATE, ZIP	
DAYTIME PHONE	FAX	CELL PHONE	
YOUR EMAIL ADDRESS		DRIVER LICENSE NUMBER	
ORGANIZATION WEBSITE ADDRESS	IS YOUR ORGANIZATION NON-PROFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ENTER IRS NON-PROFIT ID #	

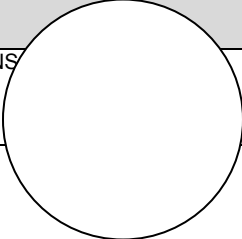
Special Setups & Services

ARE YOU REQUESTING ANY SPECIAL SETUPS OR SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SKIP THIS SECTION
SPECIFY HOW MANY OF EACH ITEM YOU ARE REQUESTING? ____ 6 FT FOLDING TABLES ____ FOLDING CHAIRS ____ OTHER _____
Will you be serving or selling food? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please see Amanda Mellett for details, exclusions apply.
SPECIFY ANY OTHER SPECIAL SETUP, FURNITURE ARRANGEMENT, ETC. BE SPECIFIC, ATTACH SKETCH IF NECESSARY <input type="checkbox"/> SKETCH ATTACHED

District Approvals for Use of Facilities			OFFICE USE ONLY		
INITIALS <input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED _____	POLICE SERVICES OFFICERS REQUIRED	INITIALS <input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	PE & ATHLETICS	INITIALS <input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	DIVISION DEAN
SPECIAL CONDITIONS OR RESTRICTIONS				ESTIMATED CHARGES	
<input type="checkbox"/> CERTIFICATE OF INSURANCE <input type="checkbox"/> ADD'L INSURED ENDORSEMENT <input type="checkbox"/> EXEMPT STATUS VERIFIED		APPROVING SIGNATURE (IF DECLINED DO NOT SIGN)			DATE SIGNED

Approval is contingent upon the applicant furnishing a **Certificate of Liability Insurance** in the amount of \$1,000,000.00 along with an **Additional Insured Endorsement** naming Sierra College as additional insured prior to event. Approval is revoked if this condition is not met.

Soliciting & Sales MUST BE COMPLETED FOR ANY SALES OF GOODS OR SERVICES OR FOR **ANY TYPE OF SOLICITING.**
 (SOLICITING INCLUDES APPROACHING OR PRESENTING OTHERS WITH A REQUEST OR PLEA, WHETHER ACTIVELY OR PASSIVELY.)

WHAT TYPE OF SOLICITATION OR SALES ARE YOU REGISTERING?	
<input type="checkbox"/> POST ANNOUNCEMENTS <input type="checkbox"/> VOTER REGISTRATION <input type="checkbox"/> OTHER (PLEASE SPECIFY)	<input type="checkbox"/> PETITION SIGNATURES <input type="checkbox"/> SURVEY/POLL
<input type="checkbox"/> SERVICE SALES <input type="checkbox"/> RECRUIT TO WORK	<input type="checkbox"/> PRODUCT SALES
WHAT METHOD OF SOLICITATION OR SALES ARE YOU REQUESTING?	
<input type="checkbox"/> POST ANNOUNCEMENTS <input type="checkbox"/> PRODUCT DEMONSTRATION <input type="checkbox"/> OTHER (PLEASE SPECIFY)	<input type="checkbox"/> PUBLIC SPEAKER <input type="checkbox"/> CONCESSION STAND
<input type="checkbox"/> HANDOUT TO PASSERS BY <input type="checkbox"/> FREE SAMPLE GIVEAWAY	<input type="checkbox"/> WALK-UP TABLE
WHAT PRODUCTS OR SERVICES ARE BEING OFFERED?	
WILL ANY SOLICITING OR SALES BE PERFORMED BY ANYONE WHO IS NOT A MEMBER OF YOUR ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, THE PERSON OR OTHER ORGANIZATION MUST COMPLETE THEIR OWN <i>USE OF FACILITIES APPLICATION</i> .	
IS THIS SOLICITATION OR SALES IN CONJUNCTION WITH ANOTHER EVENT ON CAMPUS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHAT EVENT?	
DO YOU HAVE A BUSINESS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, ISSUED BY WHAT CITY OR COUNTY? _____ LICENSE NUMBER? _____	
District Approval for Soliciting & Sales	OFFICE USE ONLY
Benefit exists? <input type="checkbox"/> YES <input type="checkbox"/> NO Relates to mission? <input type="checkbox"/> YES <input type="checkbox"/> NO Appears lawful? <input type="checkbox"/> YES <input type="checkbox"/> NO	Disrupts operation? <input type="checkbox"/> YES <input type="checkbox"/> NO Risks harm/liability? <input type="checkbox"/> YES <input type="checkbox"/> NO Conflicts w/operation? <input type="checkbox"/> YES <input type="checkbox"/> NO SPECIAL CONDITIONS OR RESTRICTIONS 
APPROVING SIGNATURE (IF DECLINED DO NOT SIGN)	DATE SIGNED

CONDITIONS FOR USE OF DISTRICT FACILITIES: FACILITY USER agrees that the District makes no representations or warranties as to the condition of the facilities which the FACILITY USER is entitled to use, and FACILITY USER agrees to take such property and facilities 'AS IS.' FACILITY USER acknowledges that it shall be FACILITY USER'S responsibility and obligation to assure that the property and facilities are in proper and safe condition to be used for the purpose anticipated; and FACILITY USER acknowledges that it shall be obligated to inspect such property and facilities before they are used and to take affirmative steps where necessary to warn users or rectify hazards in order to prevent injuries to property and persons. APPLICANT FOR FACILITY USE agrees to refuse the use of property if unsatisfactory conditions are not rectified prior to scheduled use. FACILITY USER further acknowledges receipt of a copy of the District's RULES AND REGULATIONS FOR USE OF FACILITIES. By the applicant's signature below, the FACILITY USER agrees to abide by all rules and regulations governing the use of the District's facilities and the conduct of all meetings. FACILITY USER further acknowledges that facility use is contingent upon full compliance with these rules as well as any site rules specified by the site administrator.

ALL PERMISSIVE USERS, WHOSE USE IS NOT MANDATED BY THE CIVIC CENTER ACT, AGREE BY THEIR SIGNATURE BELOW TO HOLD THE SIERRA JOINT COMMUNITY COLLEGE DISTRICT, ITS GOVERNING BOARD AND THE INDIVIDUAL MEMBERS THEROF AND ALL DISTRICT OFFICERS, AGENTS AND EMPLOYEES FREE AND HARMLESS FROM ANY LOSS, DAMAGE, LIABILITY, OR EXPENSE THAT MAY ARISE OUT OF, OR IN ANY WAY BE CONNECTED WITH, THIS FACILITY USE AGREEMENT. HOWEVER, THIS AGREEMENT DOES NOT PERTAIN TO LOSSES OR INJURIES WHICH ARE THE RESULT OF THE SOLE NEGLIGENCE OF THE DISTRICT.

NOTIFICATION OF TAXABILITY OF POSSESSORY INTEREST: Pursuant to California Revenue and Taxation Code Section 107 et. Seq., the right to possession of the property leased may subject the lessee to property taxation.

Applicant must submit this form to the Facilities & Operations Office ten (10) working days prior to the date of use to insure time for processing. Applicant acknowledges that the District's willingness to rent this facility is contingent upon approval by the Division Dean (if applicable) and by the District Facilities & Operations Office. User will be mailed a copy of the Agreement for the Use of Facilities when permission is granted. A copy of the agreement shall be carried by the user as proof of permission for facility use.

Approval is contingent upon applicant furnishing a Certificate of Liability Insurance in the amount of \$1,000,000.00 along with an Additional Insured Endorsement naming Sierra College as additional insured prior to event. Approval is revoked if this condition is not met.

APPLICANT AGREES TO ABOVE CONDITIONS:

APPLICANT SIGNATURE	DATE SIGNED
APPLICANT NAME (PRINTED LEGIBLY)	TITLE (PRINTED LEGIBLY)
NAME OF ORGANIZATION	