

Facilities Civic Center Permit Application

900 High Street, Oakland, CA 94601

Direct Line: 510-434-3352

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Applications should be completed and submitted to the site administrator responsible for requested facility.

Submitting an application does not confirm request.



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

Organization Information

Facility Requesting: _____	Proof of Certificate of Liability Insurance (\$1 million) <input type="checkbox"/> Yes <input type="checkbox"/> No
Organization: _____	Person/Organization Responsible for Payment: _____
Address: _____	Number of Participants: _____
City: _____ State: _____ Zip: _____	Estimated number of guests: _____
Primary Contact: _____	Activity Description: _____
Primary Phone No: _____	
Secondary Phone No: _____	
Fax No: _____ Email: _____	

Facility & Equipment Request (check all that apply)

Indoor Rooms <input type="checkbox"/> Auditorium <input type="checkbox"/> Band <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom Qty _____ <input type="checkbox"/> Classroom # _____ <input type="checkbox"/> Conference <input type="checkbox"/> Gym <input type="checkbox"/> Kitchen <input type="checkbox"/> Nutrition Services <input type="checkbox"/> * Food <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Library <input type="checkbox"/> Music <input type="checkbox"/> Restrooms <input type="checkbox"/> Theater <input type="checkbox"/> Other <input type="checkbox"/> Multi-purpose	Outdoors <input type="checkbox"/> Baseball field <input type="checkbox"/> Parking lot <input type="checkbox"/> Playground <input type="checkbox"/> Pool <input type="checkbox"/> Restrooms <input type="checkbox"/> Soccer field <input type="checkbox"/> Tennis court <input type="checkbox"/> Track <input type="checkbox"/> Football field <input type="checkbox"/> Other	Equipment (warehouse) <input type="checkbox"/> Chair QTY _____ <input type="checkbox"/> Table QTY _____ <input type="checkbox"/> * Need setup <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Piano <input type="checkbox"/> Public Access System: Auditorium or Gym (circle) <input type="checkbox"/> Score board/Time clock Custodian Hours _____ Security
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Usage Information

<input type="checkbox"/> Single <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/> Other	Dates of use _____	Hours of Use <input type="checkbox"/> AM <input type="checkbox"/> PM	Actual Event Hours <input type="checkbox"/> AM <input type="checkbox"/> PM
	Total Hours _____	Site use for warehouse: _____ additional chairs _____ additional tables	

Declaration

We agree to conform to all the rules and regulations and the Board Policy and admittance Regulations of the Oakland Unified School District. The undersigned states that, to the best of his or her 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. That _____, the organization on whose behalf he or she is making application for use of school property, does not, to the best of his or her knowledge, advocate the overthrow of the government of the United States of California by force, violence, or other unlawful means, and that, to the best of his or her knowledge, it is not a Communist action organization of communist front organization required by law to be registered with the Attorney General of the United States. This statement is made under the penalty of perjury.

Group member assuming responsibility

Print name _____ Signature: _____ Date: _____

School use only: Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Comments: _____ *Order Chairs from Warehouse <input type="checkbox"/> Yes <input type="checkbox"/> No Principal's Signature _____	Facilities use only: Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Comments: _____ Assoc. Superintendent/Custodial Services Director Signature _____
Overtime Form: <input type="checkbox"/> ET/OT or <input type="checkbox"/> Civic Center	