



Business Office Use  
Facility Use ID# \_\_\_\_\_

LOMPOC UNIFIED SCHOOL DISTRICT INTERNAL FACILITY USE FORM

This form must be completed and returned to the Business Services office prior to your event/activity for facility use approval. This form is to be used by LUSD staff and/or school sponsored organizations for district events only.

Site Requested: \_\_\_\_\_ Date(s) Needed: \_\_\_\_\_ Time(s) Needed: \_\_\_\_\_

School/District Dept. or School Sponsored Club requesting use of facility: \_\_\_\_\_

Event/activity planned: \_\_\_\_\_

Number of people expected to attend or participate: \_\_\_\_\_

Site making request: \_\_\_\_\_

Print first and last name of advisor or person in charge of activity: \_\_\_\_\_

Phone/cell #: ( ) \_\_\_\_\_

CLASSROOMS: If requesting classrooms, list all room numbers here: \_\_\_\_\_

FEES: Are participants being charged a fee for this activity? No \_\_\_ Yes \_\_\_

If yes, how much are fees? \_\_\_\_\_

- If fees are being charged, an event/activity flyer MUST ACCOMPANY this form.

KITCHEN: Will the kitchen be used during your event? No \_\_\_ Yes \_\_\_

- If YES, you must contact the Child Nutrition Services @ ext. 3350, Monday-Friday, 7:00 a.m. – 2:30 p.m.
- What do you need Food Services to provide? \_\_\_\_\_

RESTROOMS: How many restrooms are required: Womens: \_\_\_\_\_ Mens: \_\_\_\_\_

- IMPORTANT NOTE: Restrooms are required for ALL events. If the event occurs outside of scheduled custodial hours (i.e. – Saturday or Sunday) YOU WILL BE CHARGED for custodial fees.

SPECIAL SET-UP: Is special set-up needed (i.e. tables and chairs, etc.)? No \_\_\_ Yes \_\_\_

- If YES, please draw a clear diagram of the layout on the back of this form or attach a drawing for reference.

Additional comments: \_\_\_\_\_

**FOR OFFICE USE ONLY – Applicants please do not write in this box.**

The following facilities must be cleared with the designated staff prior to submission to the campus administrator for approval. Approvals are listed in order to be obtained.

Approval of Site Athletic Director required for:

Gymnasium: \_\_\_\_\_

Outdoor Athletic Fields: \_\_\_\_\_

Track area: \_\_\_\_\_

Approval of Drama department required for Little Theater use: \_\_\_\_\_ Date: \_\_\_\_\_

Site Lead Custodian Review Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Forward to Business Services for completion of approval process and scheduling:

Food Services/School Kitchen: Child Nutrition Services Mgr. \_\_\_\_\_ Date: \_\_\_\_\_

Operations Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Number of district support hours needed \_\_\_\_\_ PCA #: \_\_\_\_\_

Business Services Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_