CYPRESS SCHOOL DISTRICT • MAINTENANCE & OPERATIONS (MOTT)
5851 Newman Street, Cypress, CA 90630 • (714) 220-6952

APPLICATION AND PERMIT FOR USE OF SCHOOL FACILITIES

Completed application must be submitted AT LEAST 15 DAYS prior to date of use

TIME PERIOD *(Select one)*
☐ January – June
☐ July – December
A new application/permit is required for each time period requested.

APPLICANT:

Date Application Filed: _____

Organization: _____

Representative Name & Title: _____

Address: _____ Daytime Phone: _____

City/State/ZIP: _____ Email: _____

Organization Type: ☐ PTA ☐ Scout Troop ☐ Other: _____

Is your organization nonprofit? ☐ No ☐ Yes – Tax ID # _____ *(If yes, please attach IRS 501 letter)*

EVENT:

Event Name: _____

Will anything be sold, fees charged, or contributions solicited? ☐ No ☐ Yes

If yes, proceeds will be used for _____

Will this event be open to the public? ☐ No ☐ Yes Number of attendees _____ What percentage of participants are residents of the District? _____%

Date(s)	Start Time	End Time
	☐AM ☐PM	☐AM ☐PM
	☐AM ☐PM	☐AM ☐PM

ADVERTISEMENT: Advertisement of this event is not authorized until the permit is approved. To request distribution of a flyer to district families or placement of an event banner, visit the district website https://bit.ly/3smR4so for information.

FACILITIES REQUESTED:

SITE	☐ Arnold	☐ King	☐ Landell	**Closed Sites**
	☐ Luther	☐ Morris	☐ Vessels	☐ Cawthon
FACILITIES	☐ MPR	☐ Kitchen	☐ Library	☐ Damron
	☐ Classroom(s) _____	☐ Playground	☐ Field	☐ Swain
	☐ Parking Lot	☐ Restroom(s) _____	☐ Other: _____	
FURNITURE/ EQUIPMENT	☐ Chairs _____	☐ SMARTBoard	☐ Overhead Projector	☐ Laptop
	☐ Tables _____	☐ Television	☐ DVD Player	☐ Other:_____

FEES: *See current Use of Facilities Fee Schedule*

For school facility use other than fields, a custodian or other designated staff member must be on site during all activities.

By signing this application, I hereby declare my authority to act as a responsible party and applicant for the above-named organization. I certify that the information given above is true and correct. I have read and agree to comply with all terms and conditions of this application and permit, including the information, insurance requirements, and hold harmless agreement on the reverse of this form.

_____ _____
Applicant Signature Submittal Date

INVOICE

Group Designation: ☐ A ☐ B ☐ C			
Facility	_____ hours @	$_____/hr	$_____
Custodial	_____ hours @	$_____/hr	$_____
A/V Tech	_____ hours @	$_____/hr	$_____
Food Service	_____ hours @	$_____/hr	$_____
Other			$_____
		Total Amount Due	**$**

APPROVAL(S)

Site Administrator	Maintenance & Operations
Date Received: _____	Date Received: _____
☐ Approved ☐ Denied	☐ Approved ☐ Denied
_____ Signature	_____ Signature

IF APPROVED, PROOF OF INSURANCE AND PAYMENT MUST BE SUBMITTED TO CYPRESS SCHOOL DISTRICT/MOTT WITHIN 10 DAYS OF EVENT

Amount Received: $_____ Date Received: _____