



BURBANK UNIFIED SCHOOL DISTRICT
Facilities Services
510 South Shelton Street Burbank, California 91506

Approval #
23-0957

APPLICATION FOR USE OF FACILITIES

CONTACT INFORMATION:

Organization's Name Burbank Vikings
Non-Profit Organization? Yes No
(If yes, attach proof of non-profit status)
Applicant's Name Charlene Tabet

Mailing Address 356 N. Catalina
Burbank, Ca 91505
Email BurbankVikings1@gmail.com
Phone 818 468 6066 FAX _____

FACILITY INFORMATION:

School Requested BHS
Dates Requested: (List individually)
Day of Week Sunday Mo/Day/Year
7/7, 7/14, 7/21, 7/28
June 2, 9, 16, 23, 30

Facility Needed football field
(Auditorium, Gym, Classroom, etc.)
Time AM/PM: (Facility opening/closing)
12-2 pm
*Per all, nint said cancel (7/18/24) after 7/14
10 am - 12 pm

EVENT INFORMATION:

Purpose of Event Football Practice
Number of Participants 20 Spectators 10
Equipment Requests: (Subject to availability)
N/A

Fee Charged or Donation Accepted? Yes _____ No
Event (will) (will not) be open to the general public.
Special Needs: _____

CUSTODIAL SUPPORT REQUESTED:

Hours/Date(s) Needed June - 10:00 am - 1:00 pm
July - 12:00 pm - 3:00 pm
Custodial Support Funded By _____ Your costs will continue to increase until your group leaves the premises!
(When no custodial staff is on site and for weekend use, there is a 3-hour minimum - approximate cost of \$105.00)

We hereby certify that we shall be responsible on behalf of our organization for any damage sustained by the school premises, furniture or equipment because of the occupancy of said premises by our organization, and we have signed and attached the appropriate Hold Harmless Agreement applicable to our user status. We agree to pay a non-refundable \$50.00 processing fee (Category II and III only). We, the organization, have read and agree to abide by and to enforce the rules, regulations and policies of the Burbank Board of Education governing the use of school facilities as printed on the reverse side hereof.

Applicant's Signature Charlene Tabet
Title Field Coordinator
(See Regulation 13 on reverse)

Date 6-7-24
Phone 818 468 6066

Copy of Current and In Force Certificate of Insurance MUST be in Applicant's and/or Organization's Name and MUST be attached to this application. Liability Insurance Carrier _____

BURBANK UNIFIED SCHOOL DISTRICT USE ONLY:

Site Recommendation:
Yes No per Alimckain Date 6/10/24
Principal
Approved: Dennis Maxwell / cc Date 6/10/24
Jose Director of Facilities Bruno / Carlos / John Victor
White - District Service Center Copy Yellow - School Copy Pink - Applicant's Copy

REPORT OF USE (Concerns, Violations, Damages, Etc.): _____
(To be completed by the custodian working the use)



BURBANK UNIFIED SCHOOL DISTRICT
Facilities Services
510 South Shelton Street Burbank, California 91506

revised

Approval #
24-0018

APPLICATION FOR USE OF FACILITIES

CONTACT INFORMATION:

Organization's Name Burbank Vikings
Non-Profit Organization? Yes No
(If yes, attach proof of non-profit status)
Applicant's Name Charlene Tabet

Mailing Address 3576 N. Catalina
Burbank, Ca 91505
Email ctabet@yahoo.com
Phone 8184686066 FAX _____

FACILITY INFORMATION:

School Requested BHS field
Dates Requested: (List individually)
Day of Week M-F Mo/Day/Year June - Aug
in a pm 3 29
may 28, 30
* see attached for approved dates *

Facility Needed field / track
(Auditorium, Gym, Classroom, etc.)
Time AM/PM: (Facility opening/closing) 6pm - 9pm field

EVENT INFORMATION:

Purpose of Event Track practice / football practice
Number of Participants _____ Spectators _____
Equipment Requests: (Subject to availability) none

Fee Charged or Donation Accepted? Yes _____ No _____
Event (will) (will not) be open to the general public.
Special Needs: none

CUSTODIAL SUPPORT REQUESTED:

Hours/Date(s) Needed Ø
Custodial Support Funded By _____
(When no custodial staff is on site and for weekend use, there is a 3-hour minimum - approximate cost of \$105.00)

We hereby certify that we shall be responsible on behalf of our organization for any damage sustained by the school premises, furniture or equipment because of the occupancy of said premises by our organization, and we have signed and attached the appropriate Hold Harmless Agreement applicable to our user status. We agree to pay a non-refundable \$50.00 processing fee (Category II and III only). We, the organization, have read and agree to abide by and to enforce the rules, regulations and policies of the Burbank Board of Education governing the use of school facilities as printed on the reverse side hereof.

Applicant's Signature Charlene Tabet
Title President Fred Rep
(See Regulation 13 on reverse)

Date 5/14/24
Phone 8184686066

Copy of Current and In Force Certificate of Insurance MUST be in Applicant's and/or Organization's Name and MUST be attached to this application. Liability Insurance Carrier _____

BURBANK UNIFIED SCHOOL DISTRICT USE ONLY:

Site Recommendation:
Yes No _____
per Ali McKain
Principal
Approved: Dennis Maxwell/ce
Director of Facilities
Jose Bruno/carlos/John Victor

Date 5/31/24
Date 6/4/24 7/28/24

White - District Service Center Copy Yellow - School Copy Pink - Applicant's Copy



BURBANK UNIFIED SCHOOL DISTRICT
Facilities Services
510 South Shelton Street Burbank, California 91506

Revised

Approval #

24-0251

APPLICATION FOR USE OF FACILITIES

CONTACT INFORMATION:

Organization's Name Burbank Vikings
Non-Profit Organization? Yes [checked] No
Applicant's Name Charlene Tabet

Mailing Address 356 N. Catalina
Burbank, Ca 91505
Email C. Tabet@yahoo.com
Phone 818 468 6066 FAX

FACILITY INFORMATION:

School Requested BHS
Dates Requested: (List individually)
Day of Week Mo/Day/Year
M, T, W, Th Sept 14
Oct 31
Mon, Tues, Thurs Nov 4-22/2024
see attached for approved dates

Facility Needed Football field
(Auditorium, Gym, Classroom, etc.)
Time AM/PM: (Facility opening/closing)
6pm - 9pm

EVENT INFORMATION:

Purpose of Event Football Practice
Number of Participants 50 Spectators 0
Equipment Requests: (Subject to availability)
n/a

Fee Charged or Donation Accepted? Yes No [checked]
Event (will) (will not) be open to the general public.
Special Needs:
n/a

CUSTODIAL SUPPORT REQUESTED:

Hours/Date(s) Needed n/a
Custodial Support Funded By

Your costs will continue to increase until your group leaves the premises!
(When no custodial staff is on site and for weekend use, there is a 3-hour minimum - approximate cost of \$105.00)

We hereby certify that we shall be responsible on behalf of our organization for any damage sustained by the school premises, furniture or equipment because of the occupancy of said premises by our organization, and we have signed and attached the appropriate Hold Harmless Agreement applicable to our user status. We agree to pay a non-refundable \$50.00 processing fee (Category II and III only). We, the organization, have read and agree to abide by and to enforce the rules, regulations and policies of the Burbank Board of Education governing the use of school facilities as printed on the reverse side hereof.

Applicant's Signature Charlene Tabet
Title President
(See Regulation 13 on reverse)

Date 8-15-24
Phone 818 468 6066

Copy of Current and In Force Certificate of Insurance MUST be in Applicant's and/or Organization's Name and MUST be attached to this application. Liability Insurance Carrier

BURBANK UNIFIED SCHOOL DISTRICT USE ONLY:

Site Recommendation:
Yes [checked] No per Allison McKain
Principal
Approved: Dennis Maxwell/CC
Director of Facilities
Jose/Victor Bruno/Carlos/John

Date 7/26/24 10/18/24
8/20/24 10/29/24

White - District Service Center Copy Yellow - School Copy Pink - Applicant's Copy

REPORT OF USE (Concerns, Violations, Damages, Etc.):
Rev 4/2012 30-30750 (To be completed by the custodian working the use)

Received 8/20/24