

Application, Statement of Information and Permit for the Use of School Facilities

Application Date: 2-7-13

Bill to Organization Name: San Marcos AYSD 127
 Bill to Contact Name: DANAC Sherman E-Mail: d.sherman@sanmarcos.edu
 Bill to: 20 BOY 333 San Marcos 92075 (760) 504-1151
Address City Zip Telephone

hereby applies for permission to use the following facilities located at: Knob Hill Elem. (School Name)
 on the dates specified: 8-1-2013 to 12-21-2013 / Mon / T, TH

Facilities Needed: (check all that apply): Gym Cafeteria Kitchen Classroom School Grounds
 PAC Theater Other (specify) grass fields
 Equipment Needed (specify): none

Purpose of Meeting: Soccer practice
 Time Requested for Use: From 4:51 am/pm To 8 am/pm
 Expected Attendance: 30 Will food of any kind be served? Yes No
 Will any admission fee, collection or solicitation of funds be involved? Yes No
 If yes, please describe: _____
 The net proceeds will be used for: _____

FEES (To be completed by SMUSD District Office)

Rental and Use Fees: \$ 0 Custodian Fees: \$ 0
 Other Fees: \$ 0

Terms: Any changes in Times and/or Dates to this permit MUST be phoned in to the SMUSD M&O Office at 760-290-2643. A 48 hour Cancellation Notice is required or a Processing Fee of \$ 25.00 may be charged. Fees are due and payable to the SMUSD District Office upon receipt of invoice, which will be mailed the month following the facility usage. For questions regarding billing, please call 760-752-1267.

Statement of Information and Agreement

The undersigned states that, to the best of his/her knowledge, the school property for the use of which application is hereby made will not be used for the commission of any act which is prohibited by law or for the commission of any crime including, but not limited to, the crime specified in Section 11400 to 11401 of the California Penal Code. I certify under penalty of perjury that the foregoing is true and correct.

I further certify that I shall be personally responsible, on behalf of my organization, for any damage sustained by the school building or furniture accruing through the occupancy of said building by my organization. I agree to conform to the California School Code and all the Rules and Regulations of the Governing Board of the San Marcos Unified School District, as stated on the reverse side of this application, governing the use of the school building.

By: [Signature] 2-7-13 Date
Applicant's Signature
Tan Postone
Applicant's Printed Name
San Marcos AYSD 127
Organization Printed Name
 By: [Signature] JUL 5 1 2013 Date
Principal's Signature
[Signature]
District Facilities Administrator's Signature
 Insurance Expires: _____

WHITE: District CANARY: School Custodian PINK: Applicant

Application, Statement of Information and Permit for the Use of School Facilities

Application Date: 7-25-13

Bill to Organization Name: A450 Region 127
 Bill to Contact Name: Juanne Herrera E-Mail: juanah@sanmarcos.edu
 Bill to: P.O. Box 333 San Marcos 92079 (760) 504 1191
Address City Zip Telephone

hereby applies for permission to use the following facilities located at: Palms (School Name)
 on the dates specified: 8-1-2013 to 12-20-2013 / 1/20/14 TH TH

Facilities Needed: (check all that apply): Gym Cafeteria Kitchen Classroom School Grounds
 PAC Theater Other (specify) grass fields
 Equipment Needed (specify): _____

Purpose of Meeting: Sports practice
 Time Requested for Use: From 4:30 am/pm To 6 am/pm
 Expected Attendance: 30 Will food of any kind be served? Yes No
 Will any admission fee, collection or solicitation of funds be involved? Yes No
 If yes, please describe: _____
 The net proceeds will be used for: _____

FEES (To be completed by SMUSD District Office)

Rental and Use Fees: \$ 0 Custodian Fees: \$ 0
 Other Fees: \$ 0

Terms: Any changes in Times and/or Dates to this permit MUST be phoned in to the SMUSD M&O Office at 760-290-2643. A 48 hour Cancellation Notice is required or a Processing Fee of \$ 25.00 may be charged. Fees are due and payable to the SMUSD District Office upon receipt of invoice, which will be mailed the month following the facility usage. For questions regarding billing, please call 760-752-1267.

Statement of Information and Agreement

The undersigned states that, to the best of his/her knowledge, the school property for the use of which application is hereby made will not be used for the commission of any act which is prohibited by law or for the commission of any crime including, but not limited to, the crime specified in Section 11400 to 11401 of the California Penal Code. I certify under penalty of perjury that the foregoing is true and correct.

I further certify that I shall be personally responsible, on behalf of my organization, for any damage sustained by the school building or furniture accruing through the occupancy of said building by my organization. I agree to conform to the California School Code and all the Rules and Regulations of the Governing Board of the San Marcos Unified School District, as stated on the reverse side of this application, governing the use of the school building.

By: _____ Date: 7-25-13
Applicant's Signature Date
Juanne Herrera
Applicant's Printed Name
A450 Region 127
Organization Printed Name
 By: _____ Date: JUL 31 2013
Principal's Signature Date
James W. Castro
District Facilities Administrator's Signature Date
 Insurance Expires: _____

WHITE: District CANARY: School Custodian PINK: Applicant

Application, Statement of Information and Permit for the Use of School Facilities

Application Date: 2-7-2013

Bill to Organization Name: San Marcos AYSO 127
 Bill to Contact Name: Juanne Shannon E-Mail: COMMISSIONER@SANMARCOSAYSO
 Bill to: PO Box 333 San Marcos 92079 (760) 504-1191
Address City Zip Telephone

hereby applies for permission to use the following facilities located at: ALVA DANA ELEM. (School Name)
 on the dates specified: 8-1-2013 to 11-21-2013 T, TH

Facilities Needed: (check all that apply): Gym Cafeteria Kitchen Classroom School Grounds
 PAC Theater Other (specify) grass fields
 Equipment Needed (specify): ADAC

Purpose of Meeting: Success Retreat
 Time Requested for Use: From 4:5 am/pm To 8 am/pm
 Expected Attendance: 30 Will food of any kind be served? Yes No
 Will any admission fee, collection or solicitation of funds be involved? Yes No
 If yes, please describe:
 The net proceeds will be used for:

FEES (To be completed by SMUSD District Office)

Rental and Use Fees: \$ 0 Custodian Fees: \$ 0
 Other Fees: \$ 0

Terms: Any changes in Times and/or Dates to this permit MUST be phoned in to the SMUSD M&O Office at 760-290-2643. A 48 hour Cancellation Notice is required or a Processing Fee of \$ 25.00 may be charged. Fees are due and payable to the SMUSD District Office upon receipt of invoice, which will be mailed the month following the facility usage. For questions regarding billing, please call 760-752-1267.

Statement of Information and Agreement

The undersigned states that, to the best of his/her knowledge, the school property for the use of which application is hereby made will not be used for the commission of any act which is prohibited by law or for the commission of any crime including, but not limited to, the crime specified in Section 11400 to 11401 of the California Penal Code. I certify under penalty of perjury that the foregoing is true and correct.

I further certify that I shall be personally responsible, on behalf of my organization, for any damage sustained by the school building or furniture accruing through the occupancy of said building by my organization. I agree to conform to the California School Code and all the Rules and Regulations of the Governing Board of the San Marcos Unified School District, as stated on the reverse side of this application, governing the use of the school building.

By: [Signature] 27 2013
Applicant's Signature Date
Jan Payne
Applicant's Printed Name
San Marcos AYSO 127
Organization Printed Name

By: [Signature] 1/30/13
Principal's Signature Date
District Facilities Administrator's Signature Date

Insurance Expires: _____

Application, Statement of Information and Permit for the Use of School Facilities

Application Date: 2-7-13

Bill to Organization Name: San Marcos AYSO 127
 Bill to Contact Name: JURAN SWANSON E-Mail: CSM155.2001@sanmarcosayso.org
 Bill to: P.O. Box 333 San Marcos 92079 (760) 501-1191
Address City Zip Telephone

hereby applies for permission to use the following facilities located at: Rockledge Elem (School Name)
 on the dates specified: 8-1-2013 to 12-21-2013 / 7/14 T. TH

Facilities Needed: (check all that apply): Gym Cafeteria Kitchen Classroom School Grounds
 PAC Theater Other (specify) grass fields
 Equipment Needed (specify): None

Purpose of Meeting: Soccer Practice
 Time Requested for Use: From 4:30 am/pm To 8 am/pm
 Expected Attendance: 30 Will food of any kind be served? Yes No
 Will any admission fee, collection or solicitation of funds be involved? Yes No
 If yes, please describe: _____
 The net proceeds will be used for: _____

FEES (To be completed by SMUSD District Office)

Rental and Use Fees: \$ 0 Custodian Fees: \$ 0
 Other Fees: \$ 0

Terms: Any changes in Times and/or Dates to this permit **MUST** be phoned in to the SMUSD M&O Office at 760-290-2643. A 48 hour Cancellation Notice is required or a Processing Fee of **\$25.00** may be charged. Fees are due and payable to the SMUSD District Office upon receipt of invoice, which will be mailed the month following the facility usage. For questions regarding billing, please call 760-752-1267.

Statement of Information and Agreement

The undersigned states that, to the best of his/her knowledge, the school property for the use of which application is hereby made will not be used for the commission of any act which is prohibited by law or for the commission of any crime including, but not limited to, the crime specified in Section 11400 to 11401 of the California Penal Code. I certify under penalty of perjury that the foregoing is true and correct.

I further certify that I shall be personally responsible, on behalf of my organization, for any damage sustained by the school building or furniture accruing through the occupancy of said building by my organization. I agree to conform to the California School Code and all the Rules and Regulations of the Governing Board of the San Marcos Unified School District, as stated on the reverse side of this application, governing the use of the school building.

By: [Signature] 2-7-13 Date
 Applicant's Signature Date
 By: [Signature] 7/13/13 Date
 Principal's Signature Date
Tina Pastore
 Applicant's Printed Name
San Marcos AYSO 127
 Organization Printed Name
 Insurance Expires: 9/14