

# Request for Use of School Facilities



**For use of facilities contact:**

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**Application due six weeks before event (Please type or print clearly)**

Your Organization or Group \_\_\_\_\_

Person Representing Your Group \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ TTY/voice \_\_\_\_\_ Work Phone \_\_\_\_\_ TTY/voice \_\_\_\_\_

E-mail \_\_\_\_\_ FAX \_\_\_\_\_

- **Million dollar liability insurance form must be submitted with this application in order to process your request. (Non-profit Tax Number \_\_\_\_\_ )**
- **You are required to leave the facility clean, put away tables and chairs, turn off equipment, turn off lights, lock doors and return keys after use.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Facility Requested**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Theatre (see p.2) | <input type="checkbox"/> Track                         | <input type="checkbox"/> Classroom       |
| <input type="checkbox"/> Small Gym         | <input type="checkbox"/> Soccer Field                  | <input type="checkbox"/> Cottages        |
| <input type="checkbox"/> Large Gym         | <input type="checkbox"/> Elementary Activity Center    | <input type="checkbox"/> Conference Room |
| <input type="checkbox"/> Baseball Field    | <input type="checkbox"/> Middle School Activity Center | <input type="checkbox"/> Dining Room     |
| <input type="checkbox"/> Softball Field    | <input type="checkbox"/> High School Activity Center   | <input type="checkbox"/> Other _____     |

<b>Circle Day</b>	<b>Write Date</b>	<b>Start Time</b>	<b>End Time</b>
Mon Tues Wed Thurs Fri Sat Sun	_____	_____ AM/PM - _____ AM/PM	
Mon Tues Wed Thurs Fri Sat Sun	_____	_____ AM/PM - _____ AM/PM	
Mon Tues Wed Thurs Fri Sat Sun	_____	_____ AM/PM - _____ AM/PM	