

SID 10561057

Sacramento City Unified School District
Civic Center Permits Office • 425 1st Avenue, Sacramento, CA 95818
Phone (916) 264-4075 Fax (916) 264-3132
Email: civicpermitoffice@sac-city.k12.ca.us
APPLICATION FOR USE OF SCHOOL FACILITY

APPROVED
PAID

Reserved

PAYMENT IN FULL, CERTIFICATE OF INSURANCE AND COMPLETED APPLICATION MUST BE RETURNED TO CIVIC PERMITS OFFICE 15 WORKING DAYS PRIOR TO REQUESTED DATE.

District Use Only		
Permit No.:	4630	
Class:	I	II III

Fill in all non-shaded areas below

School Requested BIRNEY Facility/Room Request SOCCER FIELDS

Single Date Requested _____ Hours: From _____ AM/PM To _____ AM/PM

Multiple Dates Requested GAMES: SAT, 8 AM → 3 PM ;

SEPT. 10 → NOV. 19, 2011 Hours: From _____ AM/PM To _____ AM/PM

Day(s) of the Week: PRACTICE: M → TH, 4 PM → DUSK ;

Special Set-Up Needs: \$ JULY 1 → NOV. 17, 2011

Type of Activity or Meeting: SOCCER PRACTICE & GAMES

Number of People: 40 Non Profit No. 68-0179973

GREENHAVEN SOCCER CLUB STEVEN WONG
Applicant or Organization Name Organization/Agency Authorized Representative Name

P.O. BOX 22790 916-397-3219
Applicant or Organization Mailing Address (No P. O. Box) Day Telephone Evening Telephone

SACRAMENTO, CA 95822 SWONG916@GMAIL.COM
City, State, Zip Email Address of Authorized Representative

Applicant agrees to abide by Board of Education Policies and Regulations governing the use of District Facilities, and conditions which may be imposed upon said permit by the Superintendent of the Sacramento City Unified School District or his/her designee. Once signed by applicant and approved by the District, this application and the attached Facility Use Confirmation Notice become the applicant's Official Permit for facility use for stated purpose, dates and times indicated. Applicant is required to provide District 5 working days written notice of cancellation. Applicant understands that school activities may result in cancellation of permit. Additional conditions and regulations are on reverse of this form. PERMIT IS NOT IN EFFECT ON LEGAL HOLIDAYS OR SCHOOL VACATIONS.

Authorized Signature Steven Wong Date 5-18-11

DISTRICT USE ONLY

Document Name	Required	Completed	Civic Permits Office Approval
Insurance Certificate <u>exp 9/1/11</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date: <u>6/2/11</u>
Form 501C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Initials: <u>[Signature]</u>
Constitution/By-Laws	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Written Proof of Security	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Application Processing Fee	<u>\$5.00</u>	<input checked="" type="checkbox"/>	

Distribution:

Permit Office _____ Permit Holder _____ Administrator _____ Plant Manager _____

Reserved

Practice weekdays SID 1044, 1045 Weekend games

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District Use Only		
Permit No.:	4029	
Class:	I	II III

Fill in all non-shaded areas below

School Requested WENZEL Facility/Room Request SOCCER FIELDS

Single Date Requested _____ Hours: From _____ AM/PM To _____ AM/PM

Multiple Dates Requested GAMES: SAT, 8 AM → 3 PM ;
SEPT. 10 → NOV. 19, 2011 Hours: From _____ AM/PM To _____ AM/PM

Day(s) of the Week: PRACTICE: M → TH, 4 PM → DUSK ;

Special Set-Up Needs: \$ JULY 1 → NOV. 17, 2011

Type of Activity or Meeting: SOCCER PRACTICE & GAMES

Number of People: 40 Non Profit No. 68-0179973

GREENHAVEN SOCCER CLUB STEVEN WONG
Applicant or Organization Name Organization/Agency Authorized Representative Name

P.O. BOX 22790 916-397-3219
Applicant or Organization Mailing Address (No P. O. Box) Day Telephone Evening Telephone

SACRAMENTO, CA 95822 SWONG916@GMAIL.COM
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Authorized Signature Steven Wong Date 5-18-11

DISTRICT USE ONLY			
Document Name	Required	Completed	Civic Permits Office Approval
Insurance Certificate <u>exp 9/1/11</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date: <u>6/1/11</u>
Form 501C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Constitution/By-Laws	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Initials: <u>[Signature]</u>
Written Proof of Security	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Application Processing Fee	\$5.00	<input checked="" type="checkbox"/>	

Distribution:
Permit Office _____ Permit Holder _____ Administrator _____ Plant Manager _____

SID 1061, 1062

PAID

APPROVED

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District Use Only		
Permit No.:	4076	
Class:	I	II III

Fill in all non-shaded areas below

School Requested PONY EXPRESS Facility/Room Request SOCCER FIELDS

Single Date Requested _____ Hours: From _____ AM/PM To _____ AM/PM

Multiple Dates Requested GAMES: SAT, 8 AM → 3 PM ;
SEPT. 10 → NOV. 19, 2011 Hours: From _____ AM/PM To _____ AM/PM

Day(s) of the Week: PRACTICE: M → TH, 4 PM → DUSK ;

Special Set-Up Needs: ⊕ AUG. 1 → NOV. 17, 2011

Type of Activity or Meeting: SOCCER PRACTICE & GAMES

Number of People: 40 Non Profit No. 68-0179973

GREENHAVEN SOCCER CLUB STEVEN WONG
Applicant or Organization Name Organization/Agency Authorized Representative Name

P.O. BOX 22790 916-397-3219
Applicant or Organization Mailing Address (No P. O. Box) Day Telephone Evening Telephone

SACRAMENTO, CA 95822 SWONG916@GMAIL.COM
City, State, Zip Email Address of Authorized Representative

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Authorized Signature Steven Wong Date 5-18-11

DISTRICT USE ONLY			
Document Name	Required	Completed	Civic Permits Office Approval
Insurance Certificate	✓	✓	Date: <u>6/22/11</u>
Form 501C	_____	_____	
Constitution/By-Laws	_____	_____	Initials: <u>SW</u>
Written Proof of Security	_____	_____	
Application Processing Fee	\$5.00	✓	

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District Use Only		
Permit No.:	4035	
Class:	I	II
	III	

Fill in all non-shaded areas below

School Requested	<u>LISBON</u>	Facility/Room Request	<u>SOCCER FIELDS</u>
Single Date Requested	<u>(YAV PEM SUAB)</u>	Hours: From	AM/PM To
Multiple Dates Requested	<u>GAMES: SAT, 8AM → 3 PM ;</u>		
	<u>SEPT. 10 → NOV. 19, 2011</u>		
Day(s) of the Week:	<u>PRACTICE: M → TH, 6:00 - 9:30 ;</u>		
Special Set-Up Needs:	<u>⊕ AUG. 1 → NOV. 17, 2011</u>		
Type of Activity or Meeting:	<u>SOCCER PRACTICE & GAMES</u>		
Number of People:	<u>40</u>	Non Profit No.	<u>68-0179973</u>
Applicant or Organization Name	<u>GREENHAVEN SOCCER CLUB</u>	Organization/Agency Authorized Representative Name	<u>STEVEN WONG</u>
Applicant or Organization Mailing Address (No P. O. Box)	<u>P.O. BOX 22790</u>	Day Telephone	<u>916-397-3219</u>
City, State, Zip	<u>SACRAMENTO, CA 95822</u>	Evening Telephone	<u>SWONG916@GMAIL.COM</u>
		Email Address of Authorized Representative	

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Document Name	Required	Completed	Civic Permits Office Approval
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Form 501C	✓	✓	Initials: <u>[Signature]</u>
Constitution/By-Laws	✓	✓	
Written Proof of Security	✓	✓	
Application Processing Fee	\$5.00	✓	

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