

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

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.:	4033	
Class:	I	II III

Fill in all non-shaded areas below

School Requested	MLK	Facility/Room Request	SOCCER FIELDS
Single Date Requested		Hours: From	AM/PM To AM/PM
Multiple Dates Requested	GAMES: SAT, 8AM → 3PM ; SEPT. 10 → NOV. 19, 2011		
Day(s) of the Week:	PRACTICE: M → TH, 4PM → DUSK ; \$ AUG. 1 → NOV. 17, 2011		
Special Set-Up Needs:	\$		
Type of Activity or Meeting:	SOCCER PRACTICE & GAMES		
Number of People:	40	Non Profit No.	68-0179973
Applicant or Organization Name	GREENHAVEN SOCCER CLUB	Organization/Agency Authorized Representative Name	STEVEN WONG
Applicant or Organization Mailing Address (No P. O. Box)	P.O. BOX 22790	Day Telephone	916-397-3219
City, State, Zip	SACRAMENTO, CA 95822	Email Address of Authorized Representative	SWONG916@GMAIL.COM

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 <i>exp 9/1/11</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date:
Form 501C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Constitution/By-Laws	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Initials:
Written Proof of Security	<input type="checkbox"/>	<input type="checkbox"/>	
Application Processing Fee	\$5.00		

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