

Reserved

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

PAID
APPROVED

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.:	4632	
Class:	I	II III

Fill in all non-shaded areas below

School Requested MATSUYAMA 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 ;
⊕ 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

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			Civic Permits Office Approval	
Document Name	Required	Completed	Date:	Initials:
Insurance Certificate <u>exp 9/1/11</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>6/2/11</u>	<u>SW</u>
Form 501C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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 _____