

# HARTNELL COLLEGE - APPLICATION TO USE FACILITIES

411 Central Avenue, Salinas CA 93901 (831) 755-6870

Today's Date: \_\_\_\_\_

A fee of \$20 will be charged for applications submitted, changed, or cancelled less than two weeks prior to use of facilities.

1. Facility requested: (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_ (3<sup>rd</sup> choice) \_\_\_\_\_
2. Estimated attendance: \_\_\_\_\_ **Is this a Video Conference?:** \_\_\_ Yes \_\_\_ No **Grant Funded?:** \_\_\_ Yes \_\_\_ No
3. Date(s) of requested use: \_\_\_\_\_  
Day: M T W Th F Sat Sun (circle one)
4. Time facility is needed: From: \_\_\_\_\_ am or pm To: \_\_\_\_\_ am or pm  
Actual activity start time: \_\_\_\_\_ am or pm Ending time: \_\_\_\_\_ am or pm
5. Type of program or use (be specific): \_\_\_\_\_
6. Special equipment or setup requested: Yes \_\_\_ No \_\_\_ (If YES, complete a technical checklist)
7. Will admission be charged or contributions solicited? Yes \_\_\_ No \_\_\_ If answer is YES, the net proceeds will be used for \_\_\_\_\_

**8. Submission of this application does not constitute approval of request to use facilities until the college has processed it and an approved copy has been returned to applicant.**

**9. Refer to the Classification of Groups and Fee Schedule for costs of facilities requested. Additional fees will be charged for extra maintenance service or damage to facilities.**

**10. The undersigned agrees to the following conditions:** \_\_\_\_\_

11. The organization using Hartnell College facilities pursuant to this application agrees to save and hold free and harmless to the district, its board, the individual members thereof, and all district employees or agents from any loss, damage, liability cost, or expense that may arise during or be caused by such use of college facilities.

12. I understand that all regulations for college facility use set forth in Hartnell's Facility Use Procedures (www.hartnell.edu), issued pursuant to Board Policy number 2100, are incorporated and are part of this application).

13. AGREEMENT: I, the authorized representative of the below named organization, agree to uphold all the terms and conditions of this contract and certify that the organization assumes full responsibilities as stated above. Furthermore, the organization agrees to abide by the facilities regulations of Hartnell College District and to pay any fees required upon statement of charges. This includes additional billing to compensate for maintenance services that exceed the number of hours contractually agreed upon.

## **\*Required – Must fill-in information:**

\*Print Name of Group: \_\_\_\_\_

\*Print Name of Applicant: \_\_\_\_\_ \*Title, as officer of group: \_\_\_\_\_

\*Phone (work): \_\_\_\_\_ (cell or home): \_\_\_\_\_

\*Signature of Applicant: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City/Zip: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Print Name plus \*signature of individual in charge if different from applicant **or** supervisor.

\*Print Name: \_\_\_\_\_ \*Signature: \_\_\_\_\_

----- Office Use Only -----

Group 1: no charge \_\_\_\_\_

Group 2: \_\_\_\_\_ or Group 3: \_\_\_\_\_

Facility: \$ \_\_\_\_\_ X \_\_\_\_\_ hours = \$ \_\_\_\_\_

\$ \_\_\_\_\_ X \_\_\_\_\_ hours = \$ \_\_\_\_\_

\$ \_\_\_\_\_ X \_\_\_\_\_ hours = \$ \_\_\_\_\_

\$ \_\_\_\_\_ X \_\_\_\_\_ hours = \$ \_\_\_\_\_

Personnel: \$ \_\_\_\_\_ X \_\_\_\_\_ hours = \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_

\$20 Fee \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Date received: \_\_\_\_\_

Date processed : \_\_\_\_\_

Permit number : \_\_\_\_\_

\$ \_\_\_\_\_ Deposit required

\_\_\_\_\_ Certificate of insurance listing  
Hartnell College as additional insured and  
certificate holder for \$1,000,000 required.