APPLICATION FOR USE OF HUMBOLDT COUNTY OFFICE OF EDUCATION FACILITIES NON-STAFF USE

NON-STAFF USE	
Organization or Sponsor: Address: Contact Person: Purpose of Meeting: Will admission fees be charged () yes () no Will contribute the charged () ye	Fax Number: Zip: Business Phone: Residence Phone: Number of Participants: utions or other fees be solicited at the meeting? () yes () no
	om: To: Total Hours: Om Sequioa B (Back Board Room) Rate: Oak E (Personnel Conf. Room) Est. Fee: 1st hour \$ Each additional hour \$
 County Board of Education and the County Office of Educati Applicant hereby agrees to hold the Humboldt County Office from any loss, damage, liability cost, or expense that may aris erty. The applicant agrees to furnish such liability or insuranc may be required. The school property will not be used for the commission of any is to accomplish the overthrow of the government of the Unit a Communist action organization or Communist front organiz United States. This statement is made under the penalties of pay the appropriate fee for use of facilitie 	of Education and all officers, agents, and employees free and harmless e during or be caused in any way by such use of occupancy of the proper for the protection of the public and the County Office of Education as a y act intended to further any program or movement the purpose of which ed States by force, violence, or other unlawful means, and that it is not extend to required by law to be registered with the Attorney General of the
for use of the above premises and for any damages sustained by occupancy of use of said building and/or grounds by the applicate I hereby certify that I have read the regulations, conditions at County Office of Education and that I, and the applicant whom I sions of the constitution and laws of California and to all other which may be communicated to the applicant. NOTE: The person submitting this application and signing the sperson signing is not an officer of the organization for whom the	ponsible on behalf of the applicant for payment of all charges assessed by the building, furniture, equipment, or grounds occurring through the nt. Indicate the terms set forth in Administrative Regulation 1330 of the Humbolds represent, will abide by them and will conform to all applicable providirectives of the County Office of Education and its authorized agents that tatement above must be a member of the sponsoring organization; if the example application is made, they must present written authorization from the signing this form is responsible for picking up the key in person.
Date: Signature:	Position or Title in Organization:
Please print name:	
 returned the first work day following the meeting.) Applicant agrees to pay a \$25 cleaning deposit (separate che facilities have been checked to make sure they are clean and For evening meetings, the key should be picked up prior to after the meeting, as early in the day as possible. Evening memory, morning meetings are not to be convened before 7:00 at Your key will only operate certain areas of the facility. Do not system. Return tables, chairs, etc., to their respective locations, as stated. If you have checked out equipment, you are responsible for behind for our staff to return it. Applicant agrees to furnish any consumable supplies such as You or your group are responsible for securing your assigned turning off lights (including restroom), and locking doors. 	eck) which will be returned to the applicant the following day after the in proper order. 5:00 p.m., on the day of the meeting. The key is to be returned the day reetings must conclude such that you will be out of the facility by 11:00 a.m. not attempt to enter unauthorized areas as you might set off the security aff is not provided to reset the facility after you leave. The returning it to the appropriate person or department. Do not leave it is: coffee, tea, etc., that are necessary for their meetings. End space including but not limited to latching windows, closing blinds in the spaces reserved for HCOE vehicles, including school buses. Please return to: Humboldt County Office of Education ATTN: Room Reservations 901 Myrtle Avenue
Proof of insurance required annually Yes No	Eureka, CA 95501-1294
Site Principal (if applicable):	Date:

_____ Date:___

HCOE Authorized Signature:___