

See reverse side  
for additional  
information  
and document  
requirements

**GLENDALE UNIFIED SCHOOL DISTRICT**  
**Facilities Planning & Maintenance – Facility Use Permits**  
333 W. Magnolia Avenue  
Glendale, California 91204  
Phone: 818/241-7842 FAX 818/246-1054

Mail requests  
and documents  
to the above  
address

**APPLICATION FOR USE OF FACILITIES**

Organization's Name: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Non-Profit Organization? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach proof of non-profit status)

Organization Address:  (check if mailing address) \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Event: \_\_\_\_\_ Purpose of Event: \_\_\_\_\_

Any Fees Charged? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Participants \_\_\_\_\_ Number of Spectators \_\_\_\_\_

Type of Facility Needed: \_\_\_\_\_ Room # \_\_\_\_\_

Location (School): \_\_\_\_\_ Number of Days \_\_\_\_\_

**Dates Requested:** (list individually) \_\_\_\_\_ **Time:** \_\_\_\_\_ **a.m./p.m.**

**Day of Week** \_\_\_\_\_ **Mo/Day/Year** \_\_\_\_\_ (facility opening/closing)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*For Auditorium requests, include rehearsal dates and times, if required** **\*Use a separate sheet for additional dates and times**

**List of Activities (Attach Related Flyers)**

**Equipment Requests/Special Needs:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will food be served? (For Cafeteria use requests only) Yes \_\_\_\_\_ No \_\_\_\_\_

Request for kitchen area/equipment use (Cafeteria Worker required, if yes) Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address:  (check if mailing address) \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

**I have read and understand that events and activities listed on the attached "Red Light" list are prohibited.**

(\*\* See item 6 on reverse side) Applicant's Signature:\*\* \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Custodian \_\_\_\_\_ Cafeteria Worker \_\_\_\_\_

Opening/Closing \_\_\_\_\_ Other \_\_\_\_\_

Clean-up \_\_\_\_\_ Fee Rate \_\_\_\_\_

Forms (11/2019)

Request Approved: \_\_\_\_\_

Site Person Approving