## PARADISE UNIFIED SCHOOL DISTRICT

6696 Clark Road Paradise, CA 95969

## **Application and Permit for Use of School Property**

Request is hereby made for the use of the followi  Cedarwood Elementary  Paradise Ridge Elementary		ng school property		☐ Paradise High School ☐ Ridgeview High			
August September October November	□ January     □ February     □ March     □ April     □ May     □ June	☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th	☐ 7th ☐ 8th ☐ 9th ☐ 10 <sup>th</sup> ☐ 11th ☐ 12th	☐ 13th ☐ 14th ☐ 15th ☐ 16th ☐ 17th ☐ 18th	☐ 19th ☐ 20th ☐ 21st ☐ 22nd ☐ 23rd ☐ 24th	☐ 25th ☐ 26th ☐ 27th ☐ 28th ☐ 29th ☐ 30th ☐ 31 <sup>st</sup>	
☐ Sunday ☐ Monday		☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	
Time:	□am □pm <b>to</b>		□pm				
Declaration of application of applic	cker room cker room cker room  re sign off from Food Service cant: intended use: eived or will receive for the arm in item 2 above will be used at hereby certify that I will be ent or grounds occurring through the event this permit is carcified by the rules governing declaration, I certify that I had	Fold   Tat   Pub   Slid   Sou   Sou   Pia   Spe   Spe   (incl   Oth   **** EQI   For   Equation   For   Equation   Equa	d contributions, cash or use of said buildir ant no refund will be r ties. stand will be r sible on behalf of the a or use of said buildir ant no refund will be r ties. stand judgments arising undersigned's use or	collections, registra receipts are anticipal and/or grounds by nade and that change of Trustees, age from personal inju occupancy of distri	ation fees, admission ated for these active mages sustained by the applicant, not ges in date or externact in its behalf in number of the active and employees ries: property dama of facilities, furniture	by the school building, rmal wear and tear ansion of time shall be making application for s, individually and age, or otherwise, however	
	Signature		Title of	Office Held		Date	
Printed name:						Date	
Phone:			City/Zip	City/Zip:			
Application approved	d:						
Principal		Date	Superir	ntendent		Date	
Staff Services Rec a) Custodial b) Food Service c) Other Room Charge: TOTAL COST FO	quired: # Per # rooms R PROPERTY USAGE	pple  # days	Hours Hour	Rates	e @ & @ & & & & & & & & & & &	Total = \$ = \$ = \$ = \$	

Revised 5/21/2021 sc Distribution: Principal Custodian Applicant Business Office