

FEATHER RIVER COMMUNITY COLLEGE DISTRICT

**APPLICATION FOR USE OF FACILITIES**

Please allow a minimum of **ten (10)** working days for processing. *Please print* Date of Application \_\_\_\_\_

**Dates and times requested are as follows:**

Month \_\_\_\_\_ Dates \_\_\_\_\_ Time Facility to be Opened \_\_\_\_\_ Time Facility to be Closed \_\_\_\_\_

The \_\_\_\_\_ through its authorized agent \_\_\_\_\_  
 Name of Organization Name

Event Contact Person Mailing Address City Zip Code Telephone No. Fax No.

Hereby makes application for use of the following facility: \_\_\_\_\_  
**(Cafeteria kitchen area use must have prior approval of Manager, ext. 238)**

State nature of use or type of event:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Equipment requested:**

Tables – quantity \_\_\_\_\_  Chairs – quantity \_\_\_\_\_  Sound equipment/PA  Staging  BBQ  Podium  
**Other equipment or requests:** \_\_\_\_\_

Number of Attendees \_\_\_\_\_ Admission Fee \$ \_\_\_\_\_ Tickets on Sale at \_\_\_\_\_

**CERTIFICATE OF INSURANCE**

Applicant shall provide the District with a Certificate of Insurance verifying that the applicant has comprehensive general liability insurance including bodily injury, property damage, and auto liability coverage, of at least \$1,000,000 combined single limit. The certificate shall name the FEATHER RIVER COMMUNITY COLLEGE DISTRICT, ITS OFFICERS, AND THE NORTHERN CALIFORNIA COMMUNITY COLLEGES SELF INSURANCE AUTHORITY AS **ADDITIONAL INSURED**, and shall provide for thirty (30) day's prior written notice by the insurance company or companies to the District of cancellation, intent not to renew, or material change in the coverage. (Please see page 2 for additional information).

**HOLD HARMLESS AGREEMENT**

Applicant agrees at all times to defend, indemnify, hold harmless, and provide legal defense and related services, to the Feather River Community College District, its officers, agents, and/or employees, for any and all claims, expenses, demands, damages, judgments, causes of action, liability, loss or injury, regardless of their nature or character, in any manner whatsoever, arising out of, or relating to use of facilities. Applicant further agrees to reimburse the District for the cost of repairing any damage occurring while the applicant is in possession of the facility, or occurring as a result of applicant's use of the facility. I certify that I am authorized by my organization to request the use of these facilities and to sign the Application for Use of Facilities and Hold Harmless Agreement.

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Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Facility and Service Costs:

**COLLEGE USE ONLY**

Facility Cost \$ _____	Cost to be charged to Applicant: Yes _____ No _____
Staff _____	Public Liability and Property Damage Insurance Required? Yes _____ No _____
Staging _____	Cost Payment Deadline _____ Deposit required Yes _____ No _____
Tables/Chairs _____	Approved: _____
Custodial _____	Signature _____ Date _____
Lights _____	Employee on Site: _____
Equipment Use _____	
TOTAL: _____	

**Return Form To:** ATTN: Facilities Request: Director of Facilities, 570 Golden Eagle Ave., Quincy, CA 95971  
 (530)283-0202 ext. 259 Fax (530) 283-5401  
 cc: Instruction Office Scheduler, Facilities Department