MENDOCINO-LAKE COMMUNITY COLLEGE DISTRICT Ukiah Campus 1000 Hensley Creek Road Ukiah, CA. 95482 (707) 468-3076 APPLICATION FOR USE OF FACILITIES (MUST BE SUBMITTED AT LEAST 10 WORKING DAYS PRIOR TO EVENT)

Print or Type						
The						
	Name of Organi	zation				
through its authorized agent						
Nam	e			Title		
Street Address	City	State	Zip Code		Telephone	
hereby makes application for use o	f the following facility:			Facility	Facility	
Date Day of Week	<u>Time From</u>	<u>Time To</u>		Requested	Assigned	
State nature of use, title of perform	ance, names of speak	ers, as appro	oriate. Us	e separate sheet	of paper if necessary.	
Are contributions, collections, dues	, registration fees or d	onations to be	e received?	? No [] Yes [] No. of Attendees	
**************************************	many registered Men	docino Colleg	e Students	s are attending _		
PLEASE ATTACH APPROPRIATI	E WORKSHEETS (for	Theatre use	, equipme	ent/set-up requi	rements, etc.)	
To the best of my knowledge, the school pr law, or for the commission of any crime.	operty for use of which app	dication is hereby	/ made will n	ot be used for the co	mmission of any act which is prohibi	ited by
Further that, application for the use of school property, California by force, violence, or other unl organization required by law to be registere	awful means, and that, to	the best of my	knowledge,			state of
The applying organization agrees to prov Certificate of Insurance verifying such cover						
The applying organization agrees to save nature whatsoever which may be made by a of this application; further agrees, at its ow the District as a result of the undersigned rendered herein.	any person resulting from the n cost, expense and risk to	he action or inact o defend any and	ion of the un all actions,	dersigned or its off suits or other legal	icers, agents or employees under the proceedings which may be brought a	e terms against
The applying organization agrees to abide drugs allowed on Campus; BP #318 – No descriptions of Policies, please refer to our	Animals on Campus; BP #3	319 - Visitors and	l Children or	n Campus; BP #321	- Weapons Prohibited on Campus. F	
I declare under penalty of perjury that the fo	pregoing is true and correct	. I have read and	agree to abi	de by all General Pol	icies and Regulations.	
Signature of Authorized Agent			Date			
I	FACILITY USE AGI	REEMENT -	- COLLE	GE USE ONL	 /	
	Certi	ficate of Ins	urance r	equired [] Ye	s [] No [] on file	
FACILITY/SERVICE COSTS	Co-s	ponsorship	Agreem	ent [] \	/es [] No [] N/A	
Deposit required \$ Facility cost \$		Davmon	t doodlin	1e		
Set up/Take down \$		Faymen	it ueauill	IC		
Theater Technician \$						
Security \$		Mendoc	ino Colle	ege Employee	to be on site	
Equipment use \$						
Theater Replacement fee \$ Grounds Prep \$						
TOTAL \$		Facility	Approve	d	Date	

cc: M & O Dept. (original), Applicant/Co-Sponsor copy returned upon approval Revised: 3/24/2015 (DN)