

| Learning for Success | Approved Disapproved Date: | | | | |
|---|---|--|--|--|--|
| Application for Use of District Facilities Palomar Community College District | Certificate of Insurance Received: Non-Refundable \$50 Application Fee Received: Estimated Fees: (Fiscal Services will bill applicant upon completion of event.) | | | | |
| EVENTS SCHEDULER 1140 West Mission Road, San Marcos, CA 92069-1487 Phone: (760) 744-1150 Extension 3450 Fax: (760) 761-3506 Email: EventsScheduler@Palomar.edu | Department Signature Date Output Date Date | | | | |
| LEASE PRINT OR TYPE CLEARLY: | | | | | |
| lame and Type of Organization: | Profit Non-Profit | | | | |
| | Telephone: Fax: | | | | |
| | Email: | | | | |
| City: State: | Zip: | | | | |
| DETAILED DESCRIPTION OF ACTIVITY (indicate name an | and topic if a speaker): | | | | |
| DATE OF EVENT (DAY AND DATE) HOURS NEEDED | ACTUAL TIMES OF EVENT SETUP TIME CLEAN-UP # OF PEOPLE | | | | |
| □am □pm ^{to} | □am □am □am □am □am □pm □pm □pm □pm □pm □pm □pm □pm □pm □p | | | | |
| □ piii ·· | □pm □pm □pm □pm □am □am □am □am | | | | |
| □pm ^{to} | pm pm to pm pm | | | | |
| □am to | □am □am □am □am | | | | |
| □pm ^{to} | pmpmpmpmpm | | | | |
| Nill admission fees, contributions or membership due | - | | | | |
| How will proceeds be used? ☐ Charity ☐ Expense | ses | | | | |
| | | | | | |
| s event open to the public? ☐ Yes ☐ No Will y *Requests for Parking Permits should be submitted after this Ap Please access the "Planned Event Parking Permit" Application | | | | | |
| *Requests for Parking Permits should be submitted after this Ap Please access the "Planned Event Parking Permit" Application ADDITIONAL EQUIPMENT REQUESTS (include quantity of all | you need campus parking for visitors? Yes** No pplication has been approved and the applicant has received notification. at: http://www2.palomar.edu/pages/police/plannedspecial-event-parking/. | | | | |
| *Requests for Parking Permits should be submitted after this Ap Please access the "Planned Event Parking Permit" Application ADDITIONAL EQUIPMENT REQUESTS (include quantity of all Chairs | you need campus parking for visitors? Yes** No pplication has been approved and the applicant has received notification. In at: http://www2.palomar.edu/pages/police/plannedspecial-event-parking/. Il pertinent items): Lectern (Podium) Stage Tables | | | | |
| *Requests for Parking Permits should be submitted after this Ap Please access the "Planned Event Parking Permit" Application ADDITIONAL EQUIPMENT REQUESTS (include quantity of all Chairs Electric Spider Box I I | you need campus parking for visitors? Yes** No pplication has been approved and the applicant has received notification. In at: http://www2.palomar.edu/pages/police/plannedspecial-event-parking/. Il pertinent items): Lectern (Podium) Stage Tables | | | | |
| *Requests for Parking Permits should be submitted after this Ap Please access the "Planned Event Parking Permit" Application ADDITIONAL EQUIPMENT REQUESTS (include quantity of all Chairs Electric Spider Box I SEVENT SETUP: If a special setup is needed, please include a dispeccial NEEDS: | you need campus parking for visitors? Yes** No pplication has been approved and the applicant has received notification. at: http://www2.palomar.edu/pages/police/plannedspecial-event-parking/. Il pertinent items): Lectern (Podium) Stage Tables Tables detailed diagram of your setup preferences. | | | | |
| *Requests for Parking Permits should be submitted after this Ap Please access the "Planned Event Parking Permit" Application ADDITIONAL EQUIPMENT REQUESTS (include quantity of all Chairs Electric Spider Box EVENT SETUP: If a special setup is needed, please include a despecial NEEDS: 1) AUDIO-VISUAL Microphone PA Sy | you need campus parking for visitors? | | | | |
| *Requests for Parking Permits should be submitted after this Ap Please access the "Planned Event Parking Permit" Application ADDITIONAL EQUIPMENT REQUESTS (include quantity of all Chairs Electric Spider Box EVENT SETUP: If a special setup is needed, please include a despecial NEEDS: 1) AUDIO-VISUAL Microphone PA Sy | you need campus parking for visitors? | | | | |

System Entries PS:

STUDENT REQUESTS:

EVENTS SCHEDULER USE ONLY

CL:____ Event ID#: _____
Must have pre-approval of Director,

A CERTIFICATE OF INSURANCE in a minimum amount of \$1,000,000.00 must be filed with the Palomar Community College District prior to any event naming the District as an additional insured. Such policy shall be considered primary to all District policies whether self-issued or not. For details, contact Business Services at (760) 744-1150 Ext. 2122. The applicant agrees to indemnify and save harmless the Palomar Community College District, its officers, agents and employees against any and all claims, demands, and causes of action that may be made or brought against the school district, its officers, agents and employees, caused by, arising out of, or in any way connected with the use by applicant of the Palomar Community College District facility or the privilege herein granted. Applicant further agrees to be personally responsible, on behalf of his/her organization for any damage sustained by the school premises, furniture or equipment because of the use or occupancy of said premises by his/her organization and to abide by and enforce the rules, regulations, and policies of the Palomar Community College District governing the use of the school facilities and equipment. Failure to submit the Certificate of Insurance two (2) weeks prior to the event will be cause for cancellation of approval to use college facilities as requested. Requests from campus departments do not require "A Certificate of Insurance".



Application for Use of District Facilities Palomar Community College District

FACILITIES OFFICE

1140 West Mission Road, San Marcos, CA 92069-1487 **Phone:** (760) 744-1150 Extension 3450 Fax: (760) 761-3506

Email (questions only): EventsScheduler@palomar.edu

Please note that by signing this form you hereby understand and agree that:

- All requests will be based on a first come, first served basis and must be submitted three (3) weeks in advance
 of the first requested use date, so please plan accordingly.
 An authorized representative of the organization must return the completed forms along with the non-refundable \$50
 application fee within two (2) weeks of the first contact in order to officially reserve the facility. Failure to meet this schedule
 may result in the cancellation or rescheduling of the event.
- For rental of the Howard Brubeck Educational Theatre, an additional security deposit must be paid within two (2) weeks of the first completed application.
- Approved forms will be returned to the lessor by U.S. Mail and must be in possession of the lessor when the facility is being used. The application is to be available for presentation to Campus Police and/or Palomar College representatives, as identification and verification, that the group is authorized to use the facility. Groups unable to provide a copy of the approved application will be required to leave the facility.
- No changes to the initial application will be accepted after approval has been granted. In the event of a cancellation of an approved "Application for Use of District Facilities" by the applicant, that applicant or organization may be liable for all college costs and expenses in preparing the facility for its use.
- Permission to use the Palomar Community College District (PCCD) facilities is subject to cancellation by PCCD for operational
 or physical emergency. Losses or expenses incurred by the applicant due to such cancellation are not the responsibility of
 PCCD. In such cases, PCCD will make every effort to offer a suitable alternate date.
- The Palomar Community College District prohibits the possession and use of alcoholic beverages at all campus locations.
- The Palomar Community College District is Tobacco-free/smoke-free campus in accordance with BP 3570.
 PALOMAR COLLEGE DEPARTMENTS: Please provide your fund/charge account number (required):

| Bus Unit | Account | Fund | Organization | Program | Sub-Class | BY | Project/Grant |
|--|---------|------|--------------|---------|-----------|----|---------------|
| PALMR | | | | | | | |
| I certify that the information provided is true and correct, and that I have read and agree to the terms contained herein: | | | | | | | |

SUBMIT COMPLETED FORM(S) AND PAYMENT TO:

Student Advisors/Instructors Please Print Your Name:

EVENTS SCHEDULER
Palomar College
1140 West Mission Road, San Marcos, CA 92069-1487

Phone: (760) 744-1150, Ext. 3450

Fax: (760) 761-3506

Signature:

FOR INQUIRIES PLEASE CONTACT:

Facilities Staff Assistant/Events Scheduler Palomar College 1140 West Mission Road, San Marcos, CA 92069-1487

Phone: (760) 744-1150, Ext. 3450

Fax: (760) 761-3506

Date:

Email: EventsScheduler@Palomar.edu

| For Facilities Office USE ONLY | | | | | |
|--|--|--|--|--|--|
| Palomar College Authorized Representatives: | | | | | |
| | Events Scheduler, Facilities | | | | |
| DISTRIBUTION: | Administrative Coordinator, Facilities | | | | |
| ☐ Applicant ☐ Athletics ☐ Building Services ☐ Cafeteria ☐ Campus Police ☐ Campus Sponsor | | | | | |
| ☐ Custodial Services ☐ Escondido Center ☐ Grounds Services ☐ Information Services (AV) ☐ Kinesiology | | | | | |
| ☐ Public Affairs Office ☐ Student Affairs ☐ Theater | | | | | |
| ☐ Department | | | | | |