

WOODLAND COMMUNITY COLLEGE
2300 E. GIBSON ROAD
WOODLAND CA 95776
TELEPHONE: (530) 661-5711
FAX: (530) 666-9028

Date of Application: _____

APPLICATION FOR ACTIVITIES, FACILITIES AND/OR SERVICES

REQUESTED BY _____
Name of Organization Name of Applicant

CONTACT PERSON _____
Name Telephone

Email Address FAX Number

ADDRESS _____

ACTIVITY _____

DAY & DATE OF EVENT _____

TIME OF EVENT _____ **TIME IN** _____ **TIME OUT** _____

ROOMS/FACILITIES REQUESTED _____

*Please provide a diagram if Student Lounge setup is required.

ESTIMATED NUMBER OF PARTICIPANTS IN THIS ACTIVITY: _____

EQUIPMENT SERVICES:

___#CHAIRS ___#TABLES ___PODIUM ___MICROPHONE ___SCREEN ___PROJECTOR ___RESTROOMS

___FOOD: PROVIDED OR ARRANGED BY VISITING ORGANIZATION. Visiting organization will ensure that all food products and relevant materials are placed in non-recyclable trash receptacles.

___OTHER: _____

ESTIMATED TOTAL CHARGES: \$ _____

ADDITIONAL SECURITY: You may be required to provide additional security for your activity at your expense at the discretion of the college.

CERTIFICATE OF INSURANCE: Upon approval of application, a Certificate of Insurance must be submitted by the visiting organization 24 hours prior to event.

APPROVED BY _____ **DATE** _____
Dr White, Ph.D.
President

NOTES

1. ARRANGEMENTS MUST BE MADE AT LEAST 10 WORKING DAYS IN ADVANCE OF THE EVENT BETWEEN THE HOURS OF 8:00 A.M. AND 5:00 P.M.
2. CANCELLATION NOTICE MUST BE SUBMITTED 48 HOURS PRIOR TO EVENT.
3. AGREEMENT MUST BE SIGNED BEFORE OUTSIDE ADVERTISING IS PUBLISHED.

WOODLAND COMMUNITY COLLEGE
HAS A "NO TOBACCO USE POLICY"
INCLUSIVE OF PARKING LOT LOTS
Administrative Procedures 1001.03

STATEMENT OF INFORMATION

The undersigned states that it will not use these premises for commission of any illegal acts.

_____, in consideration of the grant for the use of the College’s facilities, hereby covenants and agrees that the College District, its officers, agents, employees, members or representatives shall not be liable for any loss, damage, injury or liability of any kind to any person or property caused by or arising out of its use of the facilities and further, expressly covenants to defend the College against the same.

A “CERTIFICATE OF INSURANCE” must be submitted to the Administration Office at least twenty-four hours prior to use. This “CERTIFICATE OF INSURANCE” must name Yuba Community College District as an “Additional Insured” for Bodily Injury Liability Limits of at least \$1,000,000.00, and Property Damage Limits of at least \$1,000,000.00.

Signature of Applicant

Street Address/PO Box

City State Zip

IRS NON-PROFIT I.D. NO. _____ INSURANCE CARRIER: _____

BONDED/FINANCIAL AUTHORITY _____

1. YOU WILL BE NOTIFIED IN WRITING OF THE ACCEPTANCE OR REJECTION OF THIS APPLICATION
2. NO EQUIPMENT OR SERVICES WILL BE PROVIDED UNLESS REQUESTED ON THIS FORM.
3. THIS FORM INCLUDES ESTIMATED CHARGES ONLY. THE FINAL BILLING WILL INCLUDE ACTUAL CHARGES WHICH WILL BE PAYABLE TO YUBA COMMUNITY COLLEGE DISTRICT.