



Application for Use of District Facilities Palomar Community College District

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

EVENTS SCHEDULER USE ONLY

System Entries PS: _____ MS: _____ Event ID#: _____

STUDENT REQUESTS: Must have pre-approval of Director, Student Affairs: Yes No

Approved Disapproved Date: _____

Reason for Disapproval: _____

Certificate of Insurance Received: _____

Non-Refundable \$50 Application Fee Received: _____

Estimated Fees: _____ (Fiscal Services will bill applicant upon completion of event.)

	Department	Signature	Date
0-02011	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

PLEASE PRINT OR TYPE CLEARLY:

Name and Type of Organization: _____ Profit Non-Profit

Contact Person: _____ Telephone: _____ Fax: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

AREA REQUESTED:(Athletic Fields, Classroom, Dance Studio, Education Center, Gymnasium [Dome], Patios, Pavilions, Performance Lab, Pool, Student Union, Theatre, etc.):

DETAILED DESCRIPTION OF ACTIVITY (indicate name and topic if a speaker): _____

DATE OF EVENT (DATE AND DATE)	HOURS NEEDED	ACTUAL TIMES OF EVENT	SETUP TIME <small>(if needed)</small>	CLEAN-UP	# OF PEOPLE
1st Request:	<input type="checkbox"/> am <input type="checkbox"/> pm to	<input type="checkbox"/> am <input type="checkbox"/> pm to	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
2nd Request:	<input type="checkbox"/> am <input type="checkbox"/> pm to	<input type="checkbox"/> am <input type="checkbox"/> pm to	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
3rd Request:	<input type="checkbox"/> am <input type="checkbox"/> pm to	<input type="checkbox"/> am <input type="checkbox"/> pm to	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	

Will admission fees, contributions or membership dues be collected?: Yes No Amount of Charge? _____

How will proceeds be used? Charity Expenses Profit Other: _____

Is event open to the public? Yes No **Will you need campus parking for visitors?** Yes** No

**Requests for Parking Permits should be submitted after this Application has been approved and the applicant has received notification. Please access the "Planned Event Parking Permit" Application at: <http://www2.palomar.edu/pages/police/plannedspecial-event-parking/>.

ADDITIONAL EQUIPMENT REQUESTS (include quantity of all pertinent items):

Chairs _____ Electric Spider Box _____ Lectern (Podium) _____ Stage _____ Tables _____

EVENT SETUP: If a special setup is needed, please include a detailed diagram of your setup preferences.

SPECIAL NEEDS:

- AUDIO-VISUAL:** Please contact the Information Services Helpdesk at: (760) 744-1150 x2140 for any requests.
- FOOD SERVICES** (food/drinks/snacks): Aramark is the sole provider of concessions and catering services on campus. Contact Timothy Gibbons (tgibbons@Palomar.edu) or Kathy Stockton (KStockton@Palomar.edu) at (760) 744-1150 Ext. 2232.
 Tables Food Service Other: _____

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 loss, damage, and/or liability that may be suffered or incurred by the school district, its officers, agents and employees, and 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".**



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FACILITIES OFFICE

1140 West Mission Road, San Marcos, CA 92069-1487

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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:

Signature: _____ Date: _____

Student Advisors/Instructors Please Print Your Name: _____

SUBMIT COMPLETED FORM(S) AND PAYMENT TO:

EVENTS SCHEDULER
Palomar College
1140 West Mission Road, San Marcos, CA 92069-1487
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Fax: (760) 761-3506

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
Email: EventsScheduler@Palomar.edu

For Facilities Office USE ONLY

Palomar College Authorized Representatives: _____
Events Scheduler, Facilities

Administrative Coordinator, Facilities

DISTRIBUTION:

- 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 _____