

# San Marino Unified School District

Permit No.: \_\_\_\_\_  
Date: 3/18/14

Attn: Facility Permits  
1665 West Drive  
San Marino, California 91108

## APPLICATION FOR USE OF FACILITIES

Phone: 626-299-7000 Fax: 626-299-7010

See reverse for additional information/document requirement

Mail requests and documents to the above address

Completing and submitting the "Application for Use of Facilities" does not insure the facility use will be granted.  
The San Marino Unified School District reserves the right to reject any incomplete application.

San Marino Unified School District  
Organization's Name

School District

Type of Organization

Jenifer Lozano/ Don Duranso

Adult requesting permit

1665 West Drive

Organization Address

CA

91108

State

Zip

626-299-7020

Phone

City

San Marino

626-299-7020

Business Phone

Non-Profit

Organization? Yes  No

(If YES, attach proof of non-profit status)

School Psychologist

Title

CERTIFICATE OF INSURANCE: REQUIRED: Yes  No  RECEIVED: Yes  No

Will there be any admission charge, solicitation or collection of funds? Yes  No  If YES, how will proceeds be used? \_\_\_\_\_

Is Meeting Open to the public? Yes  No

Number of Participants:

Estimated Attendance:

**\*\*Please Circle** DISTRICT OFFICE SAN MARINO HIGH SCHOOL HUNTINGTON MIDDLE SCHOOL  
Site Requested: CARVER ELEMENTARY VALENTINE ELEMENTARY STONEMAN SITE

Specify Facility/Area Needed

Student Mental Health Initiative - Parent Presentation

Number of Days

1

Event

Purpose of Event Increase parent awareness/education of student mental health needs

Day(s) of the Week: (Please list individually)

Date(s):

Time: (Facility opening and closing - a.m./p.m.)

Wednesday

5/14/14

6pm-8:30pm

Equipment AND/OR Special Arrangements: Please attach a diagram if setup for tables is requested

Use of two microphones, connection to apple tv or projection capabilities

*\* WE NEEDED TO LET QUOC KNOW 3/18/14*

Applicant's Signature - See Item 6 on reverse side

Date

OFFICE USE ONLY:

AVAILABILITY CONFIRMED BY: \_\_\_\_\_

*TO PROVIDE ACCESS TO MICROPHONES*

Will air conditioning be required?  YES  NO

Willing to reimburse custodial service fees?  YES  NO

ASSIGNED TO: Custodian: \_\_\_\_\_

Cafeteria worker: \_\_\_\_\_

SEND/FAX: Date: 3/18/14

To: Lauren Leahy

From: Lorraine P.

Comments:

*\* This may be a duplicate request just in case it didn't make it's way to you. Thanks Lorraine*