



APPLICATION AND AGREEMENT FOR USE OF SCHOOL FACILITIES

Fountain Valley School District

Maintenance & Operations Department

17330 Mt. Herrmann St.

Fountain Valley, CA 92708

Contact: Rhonda Mello

Email: mellor@fvds.us

Phone: 714-668-5882

Contact Name MICHAEL RAMIREZ Cell Phone 7148757612 Today's Date 8/1/2023Organization Name AYSO REGION 5 Website AYSO5.ORGAre you a 501(c) non-profit organization? ☒ Yes ☐ No If yes, please provide Tax ID# 95-6205398Name or Description of Event SOCCER PRACTICEIs there an admission fee or monetary contributions collected? ☐ Yes ☒ No If yes, amount \$ _____

What is the purpose for the fee or monetary contribution? _____

Is this event open to the public? ☒ Yes ☐ No If so, how will you advertise? COACH EMAILSBilling Address 17870 NEWHOPE ST 104 City FOUNTAIN VALLEY, CA Zip 92708Billing Contact MICHAEL RAMIREZ Phone 7148757612 Email AYSO5RC@GMAIL.School Location Requested PLAVAN Space Requested SOUTH FIELDS

Additional Comments/Equipment Requests _____

DATE(S)	DAY OF WEEK	START TIME	END TIME	ESTIMATED # OF PEOPLE	CONTACT PERSON	CELL PHONE
8-8/2023-11/2/2023	M/T/W/TH	1700	2000	60	Michael Ramirez	7148757612

HOLD HARMLESS & INDEMNIFICATION AGREEMENT

Alterations or Modifications to this Agreement will NOT be Accepted

ALL PERMISSIVE USERS AGREE BY THEIR SIGNATURE BELOW TO HOLD THE FOUNTAIN VALLEY SCHOOL DISTRICT, ITS GOVERNING BOARD AND THE INDIVIDUAL MEMBERS THEREOF AND ALL DISTRICT OFFICERS, AGENTS AND EMPLOYEES FREE AND HARMLESS FROM ANY LOSS, DAMAGE, LIABILITY, OR EXPENSE THAT MAY ARISE OUT OF, OR IN ANY CONJUNCTION WITH, THIS FACILITY USE AGREEMENT. THE UNDERSIGNED FURTHER AGREES TO INDEMNIFY ANY DAMAGES, LOSSES, LEGAL ACTIONS, SUITS, OR JUDGEMENTS THAT MAY ARISE FROM PERSONAL OR BODILY INJURIES, PROPERTY DAMAGE OR OTHERWISE. THE DISTRICT REQUIRES THE FACILITY USER TO **PROVIDE A CERTIFICATE OF INSURANCE** AND TO NAME THE DISTRICT AS AN ADDITIONAL INSURED FOR BODILY INJURY, LIABILITY, AND PROPERTY DAMAGE IN THE FOLLOWING AMOUNTS: ONE MILLION DOLLARS FOR EACH OCCURANCE AND TWO MILLION DOLLARS IN THE AGGREGATE.

I HAVE READ AND AGREE TO ABIDE BY THE RULES AND REGULATIONS AS STATED ABOVE AND ON PAGE 2 OF THIS DOCUMENT. I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT/REPRESENTATIVE Michael Ramirez DATE 8/1/2023

Office Use Only

Received by _____ Date _____ Site Approval _____ Date _____

Facilities Approval [Signature] Date 8/1/2023 APPLICANT QUALIFIES FOR FREE USE ☐ Yes ☐ NoAPPLICATION DENIED ☐ DATE _____ DISTRICT CANCELLED ☐ DATE _____ APPLICANT CANCELLED ☐ DATE _____



APPLICATION AND AGREEMENT FOR USE OF SCHOOL FACILITIES

Fountain Valley School District

Maintenance & Operations Department

17330 Mt. Herrmann St.

Fountain Valley, CA 92708

Contact: Rhonda Mello

Email: mellor@fvds.us

Phone: 714-668-5882

Contact Name MICHAEL RAMIREZ Cell Phone 7148757612 Today's Date 8/1/2023

Organization Name AYSO REGION 5 Website AYSO5.ORG

Are you a 501(c) non-profit organization? ☒ Yes ☐ No If yes, please provide Tax ID# 95-6205398

Name or Description of Event SOCCER PRACTICE

Is there an admission fee or monetary contributions collected? ☐ Yes ☒ No If yes, amount \$ _____

What is the purpose for the fee or monetary contribution? _____

Is this event open to the public? ☒ Yes ☐ No If so, how will you advertise? COACH EMAILS

Billing Address 17870 NEWHOPE ST 104 City FOUNTAIN VALLEY, CA Zip 92708

Billing Contact MICHAEL RAMIREZ Phone 7148757612 Email AYSO5RC@GMAIL.

School Location Requested COX ELEMENTARY Space Requested SOUTH FIELDS

Additional Comments/Equipment Requests _____

DATE(S)	DAY OF WEEK	START TIME	END TIME	ESTIMATED # OF PEOPLE	CONTACT PERSON	CELL PHONE
8/8/23 11/2/2023	M/T/W/TH	1700	2000	60	Michael Ramirez	7148757612

HOLD HARMLESS & INDEMNIFICATION AGREEMENT

Alterations or Modifications to this Agreement will NOT be Accepted

ALL PERMISSIVE USERS AGREE BY THEIR SIGNATURE BELOW TO HOLD THE FOUNTAIN VALLEY SCHOOL DISTRICT, ITS GOVERNING BOARD AND THE INDIVIDUAL MEMBERS THEREOF AND ALL DISTRICT OFFICERS, AGENTS AND EMPLOYEES FREE AND HARMLESS FROM ANY LOSS, DAMAGE, LIABILITY, OR EXPENSE THAT MAY ARISE OUT OF, OR IN ANY CONJUNCTION WITH, THIS FACILITY USE AGREEMENT. THE UNDERSIGNED FURTHER AGREES TO INDEMNIFY ANY DAMAGES, LOSSES, LEGAL ACTIONS, SUITS, OR JUDGEMENTS THAT MAY ARISE FROM PERSONAL OR BODILY INJURIES, PROPERTY DAMAGE OR OTHERWISE. THE DISTRICT REQUIRES THE FACILITY USER TO **PROVIDE A CERTIFICATE OF INSURANCE** AND TO NAME THE DISTRICT AS AN ADDITIONAL INSURED FOR BODILY INJURY, LIABILITY, AND PROPERTY DAMAGE IN THE FOLLOWING AMOUNTS: ONE MILLION DOLLARS FOR EACH OCCURANCE AND TWO MILLION DOLLARS IN THE AGGREGATE.

I HAVE READ AND AGREE TO ABIDE BY THE RULES AND REGULATIONS AS STATED ABOVE AND ON PAGE 2 OF THIS DOCUMENT. I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT/REPRESENTATIVE Michael Ramirez DATE 8/1/2023

Received by _____ Date _____ Site Approval _____ Date _____

Facilities Approval [Signature] Date 8/29/23 APPLICANT QUALIFIES FOR FREE USE ☐ Yes ☐ No

APPLICATION DENIED ☐ DATE _____ DISTRICT CANCELLED ☐ DATE _____ APPLICANT CANCELLED ☐ DATE _____



APPLICATION AND AGREEMENT FOR USE OF SCHOOL FACILITIES

Fountain Valley School District

Maintenance & Operations Department

17330 Mt. Herrmann St.

Fountain Valley, CA 92708

Contact: Rhonda Mello

Email: mellor@fvds.us

Phone: 714-668-5882

Contact Name MICHAEL RAMIREZ Cell Phone 7148757612 Today's Date 8/1/2023Organization Name AYSO REGION 5 Website AYSO5.ORGAre you a 501(c) non-profit organization? ☒ Yes ☐ No If yes, please provide Tax ID# 95-6205398Name or Description of Event SOCCER PRACTICEIs there an admission fee or monetary contributions collected? ☐ Yes ☒ No If yes, amount \$ _____

What is the purpose for the fee or monetary contribution? _____

Is this event open to the public? ☒ Yes ☐ No If so, how will you advertise? COACH EMAILSBilling Address 17870 NEWHOPE ST 104 City FOUNTAIN VALLEY, CA Zip 92708Billing Contact MICHAEL RAMIREZ Phone 7148757612 Email AYSO5RC@GMAIL.School Location Requested TAMURA Space Requested SOUTH FIELDS

Additional Comments/Equipment Requests _____

DATE(S)	DAY OF WEEK	START TIME	END TIME	ESTIMATED # OF PEOPLE	CONTACT PERSON	CELL PHONE
8/8/2023-11/2/2023	M/T/W/TH	1700	2000	60	Michael Ramirez	7148757612

HOLD HARMLESS & INDEMNIFICATION AGREEMENT

Alterations or Modifications to this Agreement will NOT be Accepted

ALL PERMISSIVE USERS AGREE BY THEIR SIGNATURE BELOW TO HOLD THE FOUNTAIN VALLEY SCHOOL DISTRICT, ITS GOVERNING BOARD AND THE INDIVIDUAL MEMBERS THEREOF AND ALL DISTRICT OFFICERS, AGENTS AND EMPLOYEES FREE AND HARMLESS FROM ANY LOSS, DAMAGE, LIABILITY, OR EXPENSE THAT MAY ARISE OUT OF, OR IN ANY CONJUNCTION WITH, THIS FACILITY USE AGREEMENT. THE UNDERSIGNED FURTHER AGREES TO INDEMNIFY ANY DAMAGES, LOSSES, LEGAL ACTIONS, SUITS, OR JUDGEMENTS THAT MAY ARISE FROM PERSONAL OR BODILY INJURIES, PROPERTY DAMAGE OR OTHERWISE. THE DISTRICT REQUIRES THE FACILITY USER TO **PROVIDE A CERTIFICATE OF INSURANCE** AND TO NAME THE DISTRICT AS AN ADDITIONAL INSURED FOR BODILY INJURY, LIABILITY, AND PROPERTY DAMAGE IN THE FOLLOWING AMOUNTS: ONE MILLION DOLLARS FOR EACH OCCURANCE AND TWO MILLION DOLLARS IN THE AGGREGATE.

I HAVE READ AND AGREE TO ABIDE BY THE RULES AND REGULATIONS AS STATED ABOVE AND ON PAGE 2 OF THIS DOCUMENT. I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT/REPRESENTATIVE Michael Ramirez DATE 8/1/2023

Office Use Only

Received by _____ Date _____ Site Approval _____ Date _____

Facilities Approval [Signature] Date 8/29/23 APPLICANT QUALIFIES FOR FREE USE ☐ Yes ☐ NoAPPLICATION DENIED ☐ DATE _____ DISTRICT CANCELLED ☐ DATE _____ APPLICANT CANCELLED ☐ DATE _____