



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Risk Management Department**  
**REQUEST FOR ONSITE DISTRICT-SPONSORED EVENT AND/OR**  
**OFFSITE SPECIAL EVENT**

*Please be advised that submitting your request fewer than 30 days prior to the anticipated start date of your event may result in delays in the review process of your request.*

**Region:**    North    West    East    South    Central Offices

**Please indicate what type of event you are submitting this request for (select one):**

**ONSITE DISTRICT-SPONSORED EVENT** (Event will take place on an LAUSD Site/DISTRICT-owned property)

**OFFSITE SPECIAL EVENT** (Event will take place on NON-DISTRICT-owned property)

**I. APPLICANT INFORMATION**

Please indicate your organization type below and fill in the required applicant information.

**For LAUSD SCHOOLS OR OFFICES, PROP 39/ CO-LOCATED CHARTERS (only):**

**LAUSD School or Affiliated Charter      Prop 39/Co-Located Charter School**

**LAUSD Board Member or District Office(s)**

**School/Office Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street address, City, State, & Zip Code

**LAUSD Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Is this a Cultural Arts Passport (CAP) funded event?**    **YES**    **NO**

Cultural Arts Passport (CAP) funded events use ELOP funding.

**If YES, list the name of the CAP-funded event:** \_\_\_\_\_

**II. EVENT LOCATION**

**Site/Facility Name:** \_\_\_\_\_

**Site/Address:** \_\_\_\_\_  
Street address, City, State, & Zip Code

*\*If you have indicated that this is an OFFSITE SPECIAL EVENT, please answer the following questions.*

**Have you entered into any agreement, contract, or permit?**    **YES**    **NO**

**If YES, attach a copy of the document with this request.**

Does the offsite facility require Proof of Insurance from LAUSD?    **YES**    **NO**  
*If YES, attach a copy of a [Proof of Insurance Request](#) with this request.*

### **III. EVENT DESCRIPTION**

1. Will this event occur during school hours?    **YES**    **NO**
2. Will any District or Student Body funds be used?    **YES**    **NO**
3. Will you charge for the sale of products or fees for services?    **YES**    **NO**  
*If YES, how much per person \$ \_\_\_\_\_, per day \$ \_\_\_\_\_, per week \$ \_\_\_\_\_.*
4. Describe the intended event in detail. Please attach supporting documents with this request, such as a copy of a flyer/advertising, a detailed agenda, an event itinerary, and/or a list of activities (minimum of 250 characters).

5. Will any of the items or categories below be a part of the intended event?

(Check all that apply)

|                                                                                                                                                 |                          |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| Animals *                                                                                                                                       | BBQ                      | Summer/Winter/Spring Camp *         |
| Recreational Sports                                                                                                                             | Cultural Activities      | Inflatables/Jumpers/Bounce-Houses * |
| Recreational Camp/Clinic                                                                                                                        | Fireworks *              | Concert/Performances                |
| Beautification Event *<br>(e.g., gardening, tree planting, murals/painting, campus clean-ups)                                                   | Fundraiser               | Stage Rentals *                     |
|                                                                                                                                                 | Festival/Fair/Carnival * | Party Supply/Chair Rentals *        |
| Meetings (check one below):                                                                                                                     |                          | Face Painting *                     |
| <div style="display: flex; justify-content: space-around;"><span><i>Open to the public</i></span><span><i>Closed to the public</i></span></div> |                          |                                     |
| <i>Topic to be covered:</i> _____                                                                                                               |                          |                                     |

*\* Events marked with an asterisk (\*) are subject to review from the Office of Environmental Health and Safety (OEHS). You may contact OEHS at (213) 241-3199 or at [OEHSQuestions@lausd.net](mailto:OEHSQuestions@lausd.net)*

6. Will there be food or food concessions at this event?      **YES**      **NO**

*If YES, indicate what kind of food or food concessions below.*

Pre-packaged food      Catering      Food Trucks      Other (explain): \_\_\_\_\_

#### IV. EVENT DATE(S) AND TIME(S)

| Event Date(s) |          | Event Time(s) |          | Specify Days of Use<br>(select all that apply) |   |   |    |   |   |     |
|---------------|----------|---------------|----------|------------------------------------------------|---|---|----|---|---|-----|
| Start Date    | End Date | Start Time    | End Time | M                                              | T | W | Th | F | S | Sun |
|               |          |               |          |                                                |   |   |    |   |   |     |
|               |          |               |          |                                                |   |   |    |   |   |     |
|               |          |               |          |                                                |   |   |    |   |   |     |
|               |          |               |          |                                                |   |   |    |   |   |     |
|               |          |               |          |                                                |   |   |    |   |   |     |

\*You may attach additional sheets with this request if necessary.

#### V. **ATTENDANCE**

1. Expected number of attendees: \_\_\_\_\_

*Attendees may include participants and spectators.*

2. Will minors be participating in this event?      **YES**      **NO**

*Minors are individuals under the age of 18 years old.*

3. Have you informed your local Region office about this event?      **YES**      **NO**

4. The date that you informed your local Region: \_\_\_\_\_

5. Name of contact from your local Region: \_\_\_\_\_

**VI. VENDOR(S)**

Will there be a third party/outside vendor at this event?      **YES**      **NO**

*If YES, please list the information for each vendor.*

| Vendor Name | Description<br>(activities performed/<br>services provided) | Vendor Email | Vendor Phone<br>Number |
|-------------|-------------------------------------------------------------|--------------|------------------------|
|             |                                                             |              |                        |
|             |                                                             |              |                        |
|             |                                                             |              |                        |
|             |                                                             |              |                        |
|             |                                                             |              |                        |
|             |                                                             |              |                        |
|             |                                                             |              |                        |
|             |                                                             |              |                        |

**VII. EQUIPMENT**

Will any equipment be rented from a third party/outside vendor?      **YES**      **NO**

*If YES, describe below. [Applicant must include a detailed description of rented equipment and vendor name(s)].*

## VIII. INSURANCE REQUIREMENTS

See [General Insurance Requirements](#), which are subject to change. Specific insurance requirements will be determined by the nature and scope of your event and its activities.

By signing below, the Principal/Administrator verifies that the information provided in this request form is true and correct. Misstatements, misrepresentations, or omissions may cause cancellation, delay, or refusal of this request.

**For LAUSD School/Office/Prop 39/Co-located Charters Events  
Principal/Administrator Signature:**

Print Name and Title

Print Name of School/Office

Signature and Date

Email the contact listed for the region where your event is being held:  
rf-region-nwc@lausd.net (North, West, Central)  
rf-region-se@lausd.net (South, East)

**PLEASE BE ADVISED THAT COMPLETION OF THIS FORM AND/OR  
ACKNOWLEDGEMENT OF RECEIPT OF THIS REQUEST DOES NOT CONSTITUTE  
APPROVAL OR PERMISSION TO MOVE FORWARD WITH YOUR USE.**