

# Blue Oak Charter School

450 W. East Ave, Chico CA 95926  
Phone: 530-879-7483 | Fax: 879-7490  
[www.blueoakcharterschool.org](http://www.blueoakcharterschool.org)

## Facility Use Application - External

*External Applicant: Girl/Boy Scouts, Societies, Organizations outside Blue Oak Charter School  
Applications need to be submitted 5 day in advance of date(s) requested to the Executive Assistant*

CONTACT PERSON / NAME OF APPLICANT: \_\_\_\_\_

IDENTIFY YOURSELF AS ONE OF THE FOLLOWING (CIRCLE):

Teacher/Staff      Blue Oak Parent      Stakeholder      Community Member      External

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF USE (Circle):    Class Meeting      Event      Other: \_\_\_\_\_

ROOMS REQUESTED (Circle):

Great Room      Kitchen      Library      Classroom(s) \_\_\_\_\_      Meeting Room      Other: \_\_\_\_\_

REQUESTED DATE(S) OF USE: \_\_\_\_\_

REQUESTED TIME(S): \_\_\_\_\_

ESTIMATED # OF PARTICIPANTS: \_\_\_\_\_

TITLE OF EVENT: \_\_\_\_\_

PLEASE CIRCLE ALL THAT APPLY:

Food will be served      Extension cords needed      Request help with setup  
Request help with cleanup      Equipment needed: \_\_\_\_\_

CONTACT OR AFFILIATION WITH BLUE OAK SCHOOL: \_\_\_\_\_

STAFF PERSON RESPONSIBLE FOR CLOSING THE SCHOOL: \_\_\_\_\_

*My signature certifies that I shall be responsible for any damage sustained on the school premises, furniture, or equipment during the date/time of my use of the facility; that I shall be responsible for all injuries and/or losses during the date/time of my use fo the facility; and that the areas used will be returned to the condition they were in when I arrived. I am aware that any cancellation of my reservation must be made at least 24 hours in advance.*

APPLICANT SIGNATURE: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

APPLICANT'S ORGANIZATION: \_\_\_\_\_

Notes:

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***FOR OFFICE USE ONLY***

- Blue Oak School/Community Calendar shows no conflicts with this request for use
- Event put on School Calendar/Community Calendar
- Applicant notified

**School Administrator**

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_