

**Lucia Mar Unified School District (LMUSD)  
Rental Fee Waiver Request**

This form **must accompany, or be submitted within five days of**, your Facility Use Application. Please return to the LMUSD Facilities Department, 222 Stanley Avenue; Arroyo Grande, CA 93420.

Today's Date:	/ /	Name of Event:	
Event Date: *	/ /	Time of Event:	
* Note: If more than one date, please attach a schedule with all dates and times listed.			

Site Name and Room(s) requested:
Is there a fee charged to attend or participate in this event? <span style="float: right;">If so, how much?</span>

Organization Name:	
If event is sponsored by an outside agency, is it being co-sponsored by LMUSD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Event Contact Name:	
Event Contact Telephone No.:	
Event Contact Email:	
Person Requesting Waiver Name:	
Waiver Contact Telephone No.:	
Waiver Contact Email:	

Non-profit organizations already receive the Direct Cost when using the District's facilities. <i>(Necessary documentation must be submitted with each application. See NON-PROFIT STATUS, Item 5.)</i> Please describe why fees for this event should be waived or discounted:	
What will be the involvement of LMUSD faculty, staff, and/or students?	

----- **FOR OFFICE USE ONLY** -----

Date Sent to Business: \_\_\_\_\_ Facility Use # \_\_\_\_\_

<b>Approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
<b>Assistant Superintendent, Business</b>	<b>Date</b>
Date Notification Sent to Applicant: _____	Date Copy Sent to FMO, & A/R: _____