



# PROVIDENCE HIGH SCHOOL

## EXTERNAL FACILITY REQUEST FORM

Providence High School (PHS) recognizes that the primary purpose of its facilities is for PHS programs and activities. PHS further recognizes that the facilities are an important community resource. PHS may in its sole discretion authorize the use of its facilities by community groups when such use does not interfere with PHS activities and does not contravene its mission, goals, and philosophy. THIS REQUEST FORM MUST BE SUBMITTED **30 DAYS** PRIOR TO THE INTENDED USE DATE.

**Facilities Available:** Gym, Classrooms, Multi-Purpose Room, Small Box Theater, Library, and Hallways with Lockers.

**Facility Rental Fees:** \$6,000 facility fee up to and per each 12-hour day. \$500 per hour after 12 hours.  
\$600 supervision fee up to and per each 12-hour day. \$50 per hour after 12 hours.  
All fees are non-negotiable and non-refundable. No proration of fees.

DATE/TIME OF INTENDED USE & FACILITY REQUESTED				
Day	Date	Start Time	End Time	Facility Requested
CONTACT & REFERRAL INFORMATION				
Name of Lead Contact Person	Company	Lead Contact Cell Number	Lead Contact Email Address	
SYNOPSIS OF ACTIVITY				
Name of Movie, T.V. Show, Commercial, Student Project		Brief Synopsis ( <i>a full script will be required after approval</i> )		
FILM PERMIT, EQUIPMENT, VEHICLES, PERSONNEL				
Is a City Film Permit Required? (Contact the City Film Office 818-238-3105)	Description of Equipment (cameras, lighting, lifts, etc.)		# of Vehicles	# of Personnel
HOW WERE YOU REFERRED TO PROVIDENCE HIGH SCHOOL? ( <i>Google Search, Alum of PHS, Cold Call, etc.; please be specific</i> )				

I authorize that the above activity does not conflict with the PHS Mission/Vision Statement and Core Values (*available online at [www.providencehigh.org](http://www.providencehigh.org), click "about us"*). I understand there is no obligation to rent PHS facilities by submitting this form and that submission of this request form does not authorize an agreement between PHS and my group. I further understand that my request will be reviewed by PHS administrators and I will be notified of the results of that review. Should my request be approved, I agree to pay the agreed upon fees, submit proof of insurance, complete additional PHS paperwork, secure any necessary government permits, and abide by all other conditions set forth by PHS.

\_\_\_\_\_  
SIGNATURE of Lead Contact Person

\_\_\_\_\_  
Today's Date

Scan/Email the completed form to [ernest.siy@providencehigh.org](mailto:ernest.siy@providencehigh.org)

### For Office Use Only—For Approved Projects

- ☐ Facility and Supervision Fee—Check payable to Providence High School
- ☐ This Facility Request Form
- ☐ Original PHS Facility Use Form
- ☐ Copy of \$1M Liability Insurance Certificate—Providence High School named as insured
- ☐ Copy of Full Script
- ☐ Copy of Film Permit from City of Burbank, if applicable