



Application and Agreement for Use of District Facilities

Contact: Monica Castro, Facilities Scheduling Specialist
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ORGANIZATION:

Name of Organization: _____

Name of Event: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Type of Organization: _____ Non-Profit #: _____

AUTHORIZED REPRESENTATIVE/APPLICANT:

Name: _____

Business phone number: _____ Ext _____ Mobile Number: _____

Fax Number: _____ Email Address: _____

Cerritos College Contact (If Applicable): _____

EVENT DESCRIPTION:

- | | | | | |
|--|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Activity open to the public | <input type="checkbox"/> Entrance fee charged | | | |
| <input type="checkbox"/> Concert | <input type="checkbox"/> Dance/Theatre | <input type="checkbox"/> Dining | <input type="checkbox"/> Filming | <input type="checkbox"/> Lecture/Speaker |
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Performance | <input type="checkbox"/> Photo Shoot | <input type="checkbox"/> Sports Event | <input type="checkbox"/> Training/Workshop |
| <input type="checkbox"/> Web Shoot | <input type="checkbox"/> Other | | | |

Will you need Audio/Visual Equipment or Assistance? Yes No

Please specify:

LOCATION/VENUE - Request is hereby made for the use of the following facility:

- | | |
|---|--|
| <input type="checkbox"/> Athletic Venue: (specify) _____ | HPED Dean Approval: _____ |
| <input type="checkbox"/> Classroom/Lecture Room | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Student Center | <input type="checkbox"/> Utility Field |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Locker Room |
| <input type="checkbox"/> Teleconference Room | <input type="checkbox"/> Special Request/Other: _____ |
| <input type="checkbox"/> Performing Arts Theatre (340 capacity) | <input type="checkbox"/> Performing Arts Ctr. - Piano Recital Hall (92 capacity) |

Date of Event	Estimated Attendance	Access Time	Event Start Time	Vacate Time
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

HOLD HARMLESS AGREEMENT

Responsible party entering into agreement: I have read and understand the rules, regulations and policies of the Cerritos Community College District and assume responsibility for adherence. Organization/Applicant shall be responsible for any damage sustained on District premises, furniture, or equipment due to the occupancy of said premises. Organization/Applicant agrees to hold the Cerritos Community College District, its governing board the individual members thereof, and all district officers, agents, volunteers, and employees free and harmless from any loss, liability, cost or expense that may arise during, or be caused in any way by, such use of occupancy of District premises. Cancellations require 72-hour notification period. All expenses incurred by the Cerritos Community College District prior to cancelation are non-refundable.

CERTIFICATE OF INSURANCE/ENDORSEMENT/WORKERS COMPENSATION

\$1,000,000.00 minimum liability insurance required. The certificate must identify Cerritos Community College District *as additional insured* and be accompanied by an endorsement. The District may require increased minimum liability amounts if the event or activity warrants additional coverage. Insurance and additional insured endorsement must be submitted to the Cerritos Community College District no later than **fifteen (15) days prior to the event**.

Commercial General Liability coverage shall include the following minimum limits:

- **\$1,000,000** per occurrence
- **\$2,000,000** aggregate
- **\$1,000,000** Personal & Advertising Injury
- **\$1,000,000** Each Occurrence
- **\$50,000** Fire Damage (any one fire)
- **\$5,000** Medical Expense (any one person)

Organization/Applicant shall maintain workers' compensation insurance as required by the State of California and Employer's Liability Insurance.

PARKING

Parking permits can be purchased [online](#). Special event parking permits are \$5.00 per day. For more information, please visit the [Parking Regulations Page](#).

SIGNATURE

- I have reviewed, understand, and agree to abide by the attached District Facility Use Agreement.
- Effective September 3, 2025, the Board of Trustees approved the new Facility Rental Rates. Any applications received after this date will be subject to the new rates.**

Applicant Name/**Please Print**

Signature _____ **Date** _____

Organization/Title

Address _____ City _____

State _____ Zip Code _____

Approved	Denied
Elmer Gomez Director of Physical Plant & Construction Services	

Signature/Date	
Cerritos College 11110 Alondra Blvd. Norwalk, CA 90650	

CERRITOS COLLEGE OFFICE USE ONLY

<u>ESTIMATED FEE(S):</u>	<u>50% DEPOSIT REQUIRED:</u> _____ (YES/NO)
Facility Rental: _____	Deposit Amount: _____
Custodial: _____	
Grounds: _____	
Campus Police: _____	
Event Mgr.: _____	Name: _____
Trash Bin(s): _____	
Other: _____	
TOTAL: _____	

Note: Final invoice may vary from estimate due to total event hours, staff hours, damages, and/or extra costs. Special event parking is \$5.00.

Final Invoice Amount \$ _____