

**CONTRA COSTA COMMUNITY COLLEGE DISTRICT**

500 Court Street, Martinez California 94553

(925) 229-1000

**CONTRA COSTA COLLEGE**2600 Mission Bell Drive  
San Pablo, CA 94806  
(510) 235-7800**DIABLO VALLEY COLLEGE**321 Golf Club Road  
Pleasant Hill, CA 94523  
(925) 685-1230**LOS MEDANOS COLLEGE**2700 East Leland Road  
Pittsburg, CA 94565  
(925) 798-3500, (925) 439-2181**APPLICATION FOR USE OF COLLEGE FACILITIES**

I hereby make application for use of District facilities on behalf of the below named organization.

(Please Print)

Name of Organization Gregg Jefferies Sports Academy6940 Koll center ParkwayAddress of Authorized Agent Pleasanton, CA 94566Telephone Number (925) 484-1036Name of person to be in charge if different from authorized agent Taryn Alexander, General ManagerPurpose of Meeting Nike US Sports Camp/ baseball skills development camp**TYPE OF ORGANIZATION**

Religious ☐

Community Non-profit ☐

Community Serv. Contractor ☐

Public Agency ☐

Private ☒

Will an admission charge or collection of funds of any type be made as prerequisite to participation? ☒ Yes ☐ No

If "Yes," what will be proceeds be used for Amount per person \$ 265.00 per week - collected before event

DATES DESIRED	HOURS		FACILITIES REQUESTED	
	FROM	TO	BUILDING	ROOM
<u>Monday thru Thursday 7/8-11/2013</u>	<u>9AM</u>	<u>2PM</u>	<u>Baseball Field</u>	<u>Baseball field</u>

Number of Chairs 4 Number of Tables 1 Expected Attendance 30 per day (aprox)

SPECIAL SERVICES OR EQUIPMENT. Complete the attached form if special services and/or equipment are needed. (If use of public address system equipment is required, it must be requested.)

LOCATION OF DESIRED FACILITIES:

☐ Contra Costa College ☒ Los Medanos College

☐ Diablo Valley College ☐ District Education Center

I understand that the use of college facilities must be in accordance with the rules and regulations of the Governing Board of the Contra Costa Community College District including possibility of cancellation should the facilities be needed for the educational program. I further understand that in connection with the use of the facilities the organization named above is to pay the contra Costa Community College District as stipulated.

The above named organization and its members shall be held responsible for any and all loss, accident, neglect, injury or damage to person, life or property which may be the result of, or may be caused by the organization's occupancy of the facilities or premises, and for which the District might be held liable. The organization shall defend, save harmless and indemnify the District and its officers, agents and employees against all liabilities and claims for damages for death, sickness or injury to persons or property, including without limitation, all consequential damages, from any cause whatsoever arising from or connected with the organization's use of District facilities or equipment provided under this agreement resulting from the conduct, negligent or otherwise, of the organization, its agents or employees or their guests.

The County Assessor of Contra Costa County has invoked a possessory interest tax on all rentals of and other possessory interests in DISTRICT and other publicly -owned properties. This tax is mandatory by law and is levied on the Organization and not the property. (California Revenue and Taxation Code § 107 et seq.)

ORGANIZATION recognizes and understands that in accepting this rental agreement that his or her interest may be subject to a possible possessory interest tax that the County Assessor may legally impose on such possessory interest held by the ORGANIZATION, that such tax payment shall not reduce any rent due the DISTRICT, and that such tax shall be the liability of and be paid by the ORGANIZATION.

4/15/13

Date

Taryn Alexander

Signature of Authorized Agent

**FOR COLLEGE USE ONLY**☒ Charges as indicated on the attached listing

Cancellation of approved applications should be made at least 48 hours prior to the scheduled use. Use of facilities charges will be invoiced if this notice is not provided.

Payment:     in advance by (date)    

X Certificate of insurance naming the District as an additional insured in the amount of \$ 1,000,000.00 is on file with the college.

    Or within seven (7) days of receipt of invoice.    Certificate of Insurance waived.APPROVED:     DISAPPROVED:    

An approved application is the permit to use the named facilities. The organization's representative in charge should bring the permit to each scheduled use.

Bob Katchen

Signature of College President or Authorized Representative

5-7-13

Date



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(925) 685-1230**LOS MEDANOS COLLEGE**2700 East Leland Road  
Pittsburg, CA 94565  
(925) 798-3500, (925) 439-2181**APPLICATION FOR USE OF COLLEGE FACILITIES**I hereby make application for use of District facilities on behalf of the below named organization.  
(Please Print)Name of Organization Pittsburg Jr. Pirates Football & CheerP.O. Box 624 213 MillbrookAddress of Authorized Agent Pittsburg, CA 94565Telephone Number 925-325-1089Name of person to be in charge if different from authorized agent Traci DeLuna, TreasurerPurpose of Meeting Football games**TYPE OF ORGANIZATION**Religious ☐  
Community Non-profit ☒  
Community Serv. Contractor ☐  
Public Agency ☐  
Private ☐Will an admission charge or collection of funds of any type be made as prerequisite to participation? ☒ Yes ☐ NoIf "Yes," what will be proceeds be used for Amount per person \$ 5.00 adults/\$3.00 senior/child(over 55/6-17)

DATES DESIRED	HOURS		FACILITIES REQUESTED	
	FROM	TO	BUILDING	ROOM
9/21/2013 Saturday	7AM	7PM	Football Stadium, Concession Stand, Locker Rooms	
9/29/2013 Sunday	7AM	7PM	Football Stadium, Concession Stand, Locker Rooms	
10/6/2013 Sunday	7AM	7PM	Football Stadium, Concession Stand, Locker Rooms	
10/12/2013 Saturday	7AM	7PM	Football Stadium, Concession Stand, Locker Rooms	
10/27/2013 Sunday	7AM	7PM	Football Stadium, Concession Stand, Locker Rooms	

Number of Chairs            Number of Tables            Expected Attendance 600-700

SPECIAL SERVICES OR EQUIPMENT. Complete the attached form if special services and/or equipment are needed. (If use of public address system equipment is required, it must be requested.)

LOCATION OF DESIRED FACILITIES:

☐ Contra Costa College ☒ Los Medanos College  
☐ Diablo Valley College ☐ District Education Center

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The above named organization and its members shall be held responsible for any and all loss, accident, neglect, injury or damage to person, life or property which may be the result of, or may be caused by the organization's occupancy of the facilities or premises, and for which the District might be held liable. The organization shall defend, save harmless and indemnify the District and its officers, agents and employees against all liabilities and claims for damages for death, sickness or injury to persons or property, including without limitation, all consequential damages, from any cause whatsoever arising from or connected with the organization's use of District facilities or equipment provided under this agreement resulting from the conduct, negligent or otherwise, of the organization, its agents or employees or their guests.

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ORGANIZATION recognizes and understands that in accepting this rental agreement that his or her interest may be subject to a possible possessory interest tax that the County Assessor may legally impose on such possessory interest held by the ORGANIZATION, that such tax payment shall not reduce any rent due the DISTRICT, and that such tax shall be the liability of and be paid by the ORGANIZATION.

Date 9/17/13Signature of Authorized Agent Traci DeLuna**FOR COLLEGE USE ONLY**☒ Charges as indicated on the attached listing

Cancellation of approved applications should be made at least 48 hours prior to the scheduled use. Use of facilities charges will be invoiced if this notice is not provided.

Payment:      in advance by (date)           X Certificate of Insurance naming the District as an additional insured in the amount of \$ 1,000,000.00 is on file with the college.APPROVED:      DISAPPROVED:     

An approved application is the permit to use the named facilities. The organization's representative in charge should bring the permit to each scheduled use.

     Or within seven (7) days of receipt of invoice.  
     Certificate of Insurance waived.Signature of College President or Authorized Representative Bob KruttschnittDate 9-17-13

OK to waive fee



# CONTRA COSTA COMMUNITY COLLEGE DISTRICT

500 Court Street, Martinez California 94553

(925) 229-1000

## CONTRA COSTA COLLEGE

2600 Mission Bell Drive  
San Pablo, CA 94806  
(510) 235-7800

## DIABLO VALLEY COLLEGE

321 Golf Club Road  
Pleasant Hill, CA 94523  
(925) 685-1230

## LOS MEDANOS COLLEGE

2700 East Leland Road  
Pittsburg, CA 94565  
(925) 798-3500, (925) 439-2181

### APPLICATION FOR USE OF COLLEGE FACILITIES

I hereby make application for use of District facilities on behalf of the below named organization.

(Please Print)

Name of Organization Terrapins Swim Team

Address of Authorized Agent 4180 Treat Boulevard, Suite K Concord, CA 94518

Telephone Number (925) 680-8372 rh2ohouse@gmail.com

Name of person to be in charge if different from authorized agent Rick Waterhouse, Ray Mitchell

Purpose of Meeting Swim Team Practices

#### TYPE OF ORGANIZATION

Religious ☐  
Community Non-profit ☒  
Community Serv. Contractor ☐  
Public Agency ☐  
Private ☐

Will an admission charge or collection of funds of any type be made as prerequisite to participation? ☒ Yes ☐ No

If "Yes," what will be proceeds be used for Club Dues Amount per person \$ 0-200/month

DATES DESIRED	HOURS		FACILITIES REQUESTED	
	FROM	TO	BUILDING	ROOM
June 18 & 25, 2013 <u>Tuesday</u>	4:30 pm	6:00 pm	Pool	Pool
July 2 & 9, 2013 <u>Tuesday</u>	4:30 pm	6:00 pm	Pool	Pool

Number of Chairs \_\_\_\_\_ Number of Tables \_\_\_\_\_ Expected Attendance 20-25

SPECIAL SERVICES OR EQUIPMENT. Complete the attached form if special services and/or equipment are needed. (If use of public address system equipment is required, it must be requested.)

LOCATION OF DESIRED FACILITIES:

☐ Contra Costa College ☒ Los Medanos College  
☐ Diablo Valley College ☐ District Education Center

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The above named organization and its members shall be held responsible for any and all loss, accident, neglect, injury or damage to person, life or property which may be the result of, or may be caused by the organization's occupancy of the facilities or premises, and for which the District might be held liable. The organization shall defend, save harmless and indemnify the District and its officers, agents and employees against all liabilities and claims for damages for death, sickness or injury to persons or property, including without limitation, all consequential damages, from any cause whatsoever arising from or connected with the organization's use of District facilities or equipment provided under this agreement resulting from the conduct, negligent or otherwise, of the organization, its agents or employees or their guests.

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ORGANIZATION recognizes and understands that in accepting this rental agreement that his or her interest may be subject to a possible possessory interest tax that the County Assessor may legally impose on such possessory interest held by the ORGANIZATION, that such tax payment shall not reduce any rent due the DISTRICT, and that such tax shall be the liability of and be paid by the ORGANIZATION.

4-23-13

Date

Signature of Authorized Agent

#### FOR COLLEGE USE ONLY

☒ Charges as indicated on the attached listing

Cancellation of approved applications should be made at least 48 hours prior to the scheduled use. Use of facilities charges will be invoiced if this notice is not provided.

Payment:     in advance by (date)    

☒ Certificate of insurance naming the District as an additional insured in the amount of \$ 1,000,000.00 is on file with the college.

    Or within seven (7) days of receipt of invoice.

    Certificate of Insurance waived.

APPROVED:     DISAPPROVED:    

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Signature of College President or Authorized Representative

Date



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(925) 685-1230**LOS MEDANOS COLLEGE**2700 East Leland Road  
Pittsburg, CA 94565  
(925) 798-3500, (925) 439-2181**APPLICATION FOR USE OF COLLEGE FACILITIES**I hereby make application for use of District facilities on behalf of the below named organization.  
(Please Print)Name of Organization Pittsburg High School - Swim TeamAddress of Authorized Agent 1750 Harbor Street Pittsburg, CA 94565Telephone Number (925) 473-2399 or (925) 301-7188Name of person to be in charge if different from authorized agent Suzye Farmer or Mike AdrasPurpose of Meeting Swim Team PracticesWill an admission charge or collection of funds of any type be made as prerequisite to participation? ☐ Yes ☒ No  
If "Yes," what will be proceeds be used for Amount per person \$**TYPE OF ORGANIZATION**

Religious	<input type="checkbox"/>
Community Non-profit	<input checked="" type="checkbox"/>
Community Serv. Contractor	<input type="checkbox"/>
Public Agency	<input type="checkbox"/>
Private	<input type="checkbox"/>

DATES DESIRED	HOURS		FACILITIES REQUESTED	ROOM
	FROM	TO	BUILDING	
Mondays & Wednesday: 1/23-1/30/2013	4:00 PM	5:15 pm	LMC Athletics - Pool	Pool
M, T, W, Th & F: 2/4/13-5/9/2013 Excluding 3/12, 3/14, 3/28, 4/12 & 4/26	4:00 PM	5:15 PM	LMC Athletics - Pool	Pool

Number of Chairs \_\_\_\_\_ Number of Tables \_\_\_\_\_ Expected Attendance 28-30 50-80

SPECIAL SERVICES OR EQUIPMENT. Complete the attached form if special services and/or equipment are needed. (If use of public address system equipment is required, it must be requested.)

LOCATION OF DESIRED FACILITIES:

☐ Contra Costa College
 ☒ Los Medanos College
 ☐ Diablo Valley College
 ☐ District Education Center

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1/13/13  
Date[Signature]  
Signature of Authorized Agent**FOR COLLEGE USE ONLY**☒ Charges as indicated on the attached listing

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Payment:     in advance by (date)        Or within seven (7) days of receipt of invoice.☒ Certificate of Insurance naming the District as an additional insured in the amount of \$ 1,000,000.00 is on file with the college.    Certificate of Insurance waived.APPROVED:     DISAPPROVED:    

An approved application is the permit to use the named facilities. The organization's representative in charge should bring the permit to each scheduled use.

[Signature]  
Signature of College President or Authorized Representative1-23-13  
Date

7359 Rev 9/16/03

Waive facility fee RSK



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(925) 685-1230**LOS MEDANOS COLLEGE**2700 East Leland Road  
Pittsburg, CA 94565  
(925) 798-3500 (925) 439-2181**APPLICATION FOR USE OF COLLEGE FACILITIES**I hereby make application for use of District facilities on behalf of the below named organization.  
(Please Print)Name of Organization Antioch High School - Water Polo TeamAddress of Authorized Agent 700 West 18<sup>th</sup> Street Antioch, CA 94509Telephone Number 925-706-5300Name of person to be in charge if different form authorized agent Nick Plurkowski, Steve SanchezPurpose of Meeting Team Practices and Games (2 teams boys & girls)Will an admission charge or collection of funds of any type be made as prerequisite to participation?  
If "Yes," what will be proceeds be used for Amount per person \$**TYPE OF ORGANIZATION**

Religious	<input type="checkbox"/>
Community Non-profit	<input checked="" type="checkbox"/>
Community Serv. Contractor	<input type="checkbox"/>
Public Agency	<input type="checkbox"/>
Private	<input type="checkbox"/>

☐ Yes ☒ No

DATES DESIRED	HOURS		FACILITIES REQUESTED	
	FROM	TO	BUILDING	ROOM
Wednesday, October 16, 2013	3:00 PM	5:00 PM	Pool, Locker Room	Pool, Locker
Thursday, October 17, 2013	3:00 PM	5:00 PM	Pool, Locker Room	Pool, Locker
Friday, October 18, 2013	3:00 PM	5:00 PM	Pool, Locker Room	Pool, Locker
Monday, October 21, 2013	3:00 PM	6:00 PM	Pool, Locker Room	Pool, Locker
Tuesday, October 22, 2013	3:00 PM	6:00 PM	Pool, Locker Room	Pool, Locker

Number of Chairs \_\_\_\_\_ Number of Tables \_\_\_\_\_ Expected Attendance 40

SPECIAL SERVICES OR EQUIPMENT. Complete the attached form if special services and/or equipment are needed. (If use of public address system equipment is required, it must be requested.)

LOCATION OF DESIRED FACILITIES:

<input type="checkbox"/> Contra Costa College	<input checked="" type="checkbox"/> Los Medanos College
<input type="checkbox"/> Diablo Valley College	<input type="checkbox"/> District Education Center

I understand that the use of college facilities must be in accordance with the rules and regulations of the Governing Board of the Contra Costa Community College District including possibility of cancellation should the facilities be needed for the educational program. I further understand that in connection with the use of the facilities the organization named above is to pay the contra Costa Community College District as stipulated.

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10/10/13  
Date[Signature]  
Signature of Authorized Agent**FOR COLLEGE USE ONLY**☐ Charges as indicated on the attached listing  
Cancellation of approved applications should be made at least 48 hours prior to the scheduled use. Use of facilities charges will be invoiced if this notice is not provided.Payment:      in advance by (date)       
     Certificate of insurance naming the District as an additional insured in the amount of \$      is on file with the college.     Or within seven (7) days of receipt of invoice.  
     Certificate of Insurance waived.APPROVED:      DISAPPROVED:     [Signature]  
Signature of College President or Authorized Representative10-10-13  
DateAn approved application is the permit to use the named facilities.  
The organization's representative in charge should bring the permit to each scheduled use.



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(925) 685-1230**LOS MEDANOS COLLEGE**2700 East Leland Road  
Pittsburg, CA 94565  
(925) 798-3500 (925) 439-2181**APPLICATION FOR USE OF COLLEGE FACILITIES**I hereby make application for use of District facilities on behalf of the below named organization.  
(Please Print)Name of Organization Maureen HoneggerAddress of Authorized Agent 4019 Boulder Drive, Antioch, CA 94509Telephone Number 925-754-7216Name of person to be in charge if different from authorized agent Maureen HoneggerPurpose of Meeting Piano Recital**TYPE OF ORGANIZATION**Religious ☐  
Community Non-profit ☐  
Community Serv. Contractor ☐  
Public Agency ☐  
Private ☒Will an admission charge or collection of funds of any type be made as prerequisite to participation?  
If "Yes," what will be proceeds be used for Amount per person \$☐ Yes ☒ No

DATES DESIRED	HOURS		FACILITIES REQUESTED	
	FROM	TO	BUILDING	ROOM
Tuesday, June 4, 2013	8:00 PM	9:00 PM	Music Building	720

Number of Chairs 2 Number of Tables 2 (1 inside, 1 outside 720) Expected Attendance 80

SPECIAL SERVICES OR EQUIPMENT: Complete the attached form if special services and/or equipment are needed. (If use of public address system equipment is required, it must be requested.)

## LOCATION OF DESIRED FACILITIES:

☐ Contra Costa College ☒ Los Medanos College  
☐ Diablo Valley College ☐ District Education Center

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March 5, 2013

Date

Maureen Honegger

Signature of Authorized Agent

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Payment: in advance by (date)

X Certificate of insurance naming the District as an additional insured in the amount of \$ 1,000,000.00 is on file with the college.

Or within seven (7) days of receipt of invoice.Certificate of insurance waived.APPROVED: DISAPPROVED: Bob Katschew

Signature of College President or Authorized Representative

Date

An approved application is the permit to use the named facilities. The organization's representative in charge should bring the permit to each scheduled use.



500 Court Street, Martinez California 94553

(925) 798-3500, (925) 439-2181

OK to waive fee