

Risk Management & Insurance Services Group



REQUEST FOR APPROVAL OF SPECIAL EVENT

Date: _____

Type of Special Event:

- On-Campus Special Event
 Off-Campus Special Event

✓ NON-LAUSD entities and other third parties are required to provide proof of insurance prior to using any District facility or participating in a Special Event.

School Name: _____

Contact Person: _____ E-mail: _____

Phone: (____) _____ Fax: (____) _____

Event Description: _____

Please check Health Fair Athletic Event Vendors Inflatables/Jumpers
 Food/Concessions Parking Lot overflow Animals Other: _____

Date(s) of Event: _____ Event Time: _____

Off-Campus Event Facility Name & Address: _____

Anticipated Total Event Attendance per Day: {Participants, Spectators, Staff and Guests}: _____

1. Have you informed your Local District or Network Partner? YES NO
Date Contacted: _____ Method of Contact: Phone Fax In Person Email
2. Does the off campus facility require Proof of Insurance Coverage from LAUSD?
 YES (Proof of Insurance Form: <http://certificatesofinsurance.lausd.net>) NO

➤ **PRINCIPAL SIGNATURE:** _____ **Date:** _____

➤ **RISK MANAGEMENT APPROVAL:** _____ **Date:** _____

- ✓ Please forward completed request to Risk Management & Insurance Services Group
333 South Beaudry Avenue, 28th Floor, Los Angeles, CA 90017
FAX: (213) 241-8956 or (213) 241-8993

- Please include a list of planned events and activities or a detailed agenda.
- Allow 30 days to process the request. If we have additional questions, we will contact you.

Website: <http://Specialevents.lausd.net>