



Event Resource Request

Contact Information: Annette Segal
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Business Services
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Must notify the Oak Park District Office Business Department about all events!

Event Site: _____ Event Name: _____ Event Area: _____

Event Date: _____ Start Time: _____ End Time: _____

What resources do you need?

OPUSD Kitchen w/Food Svs. Staff only Min. 2 Hrs. @ 40.00/Hr.

Please refer to **Exhibit 1** - VCSSFA Best Practices for Activities Involving Food Hrs. Needed: _____

Recycling Bins Qty: _____

Tables Qty: _____ Electrical: _____

Chairs Qty: _____ Lighting: _____

Canopies Qty: _____ Other: _____ Qty: _____

Sprinkler Shut Off Date: _____ Time: _____

HVAC Required Date: _____ Time On: _____ Time Off: _____

Submit a Floor Plan for set-up. Refer to **Exhibit 2** for a Sample Event Floor Plan.

Who is the Event Organizer: _____ Contact Person(s): _____

Telephone: _____ Contact Telephone: _____

Address: _____

City _____ Zip _____ Email: _____

Custodial Services are required: Setup Time: _____ Teardown Time: _____

Minimum of 2 custodians for setup, teardown and clean up.

Custodian rate: \$40.00/Hr. 4 Hrs. Total 2 Hrs. Total

Every Vendor/Provider is required to provide a **Liability Insurance Certificate and endorsement naming OPUSD as the additionally insured** on file at the DO. **UPLOAD HERE:**

Some rides/inflatables require higher insurance see the **VCSSFA Approved Student Activities Guide** and sample **District Liability Insurance Certificate - Exhibit 3**. Contact the Business Office for assistance.

Every Food vendor/truck **MUST** also submit: **Health Department Permit & Food Handlers' Certificates**. Vendors on the **OPUSD Approved Food Vendors List - Exhibit 4** have all requirements in place. You may **attach the required documents** for additional vendors, which will be added to the Approved List.

UPLOAD HERE:

OPUSD encourages food choices within the Wellness Committee Guidelines - **Exhibit 5**.

Vendor Name: _____

Vendor Name: _____

Contact Name: _____

Contact Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Vendor Providing: _____

Vendor Providing: _____

X _____
(Site Principal Signature Approving the Event)

Date: _____



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Must notify the Oak Park District Office Business Department about all events!

Page 2 for Event Name: _____ **Event Site:** _____ **Date:** _____

Please **attach all required documents** for any vendors not on the Approved List:

Vendor Name: _____
Contact Name: _____
Address: _____

Telephone: _____
Email: _____

Vendor Providing: _____

Vendor Name: _____
Contact Name: _____
Address: _____

Telephone: _____
Email: _____

Vendor Providing: _____

Vendor Name: _____
Contact Name: _____
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Telephone: _____
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Vendor Providing: _____

Vendor Name: _____
Contact Name: _____
Address: _____

Telephone: _____
Email: _____

Vendor Providing: _____