

Division of Risk Management and Insurance Services



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: _____

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

E-mail: _____

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? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Date Contacted: _____ | Method of Contact: Phone <input type="checkbox"/> Fax <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> | |
| 2. Does the off campus facility require Proof of District Insurance Coverage? | | |
| <input type="checkbox"/> YES (Please complete the Request for Proof of Insurance Form) | <input type="checkbox"/> NO | |

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

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

- ✓ Please forward completed request to Division of Risk Management & Insurance Service, Tel. (213)241-1673
333 South Beaudry Avenue, 28th Floor, Los Angeles, CA 90017
FAX: (213) 241-8956 or (213) 241-8993
- When applicable, please include a list of planned events and activities or a detailed agenda.
 - Allow 3 – 5 days to process the request. If we have additional questions, we will contact you by email or phone.

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