

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="checkbox"/> YES	<input type="checkbox"/> 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>