

**CONTRACT NAME: AGREEMENT BETWEEN WASHINGTON
UNIFIED SCHOOL DISTRICT AND DAVIS JOINT UNIFIED
SCHOOL DISTRICT**

BRIEF DESCRIPTION OF CONTRACT: This agreement is between Washington Unified School District and DJUSD to provide transportation to the Veteran's Memorial Hall for DaVinci Charter Academy students on November 19, 2015.

WASHINGTON UNIFIED SCHOOL DISTRICT
Transportation Request

SCHOOL DaVinci Charter Acad DEPT. / GRADE JHS 7,8,9 DATE Oct 1, 2015

DESTINATION/ADDRESS 203 E 14th Street Davis

NUMBER OF STUDENTS 275 NUMBER OF ADULTS 20 NUMBER OF BUSES 3

11:00 am SCHOOL DEPARTURE TIME (NOT BEFORE 8:30AM) November 19, 2015 SCHOOL RETURN TIME TRIP DAY AND DATE

BUDGET CODE (MANDATORY) _____

FOR CATEGORICAL PROGRAMS ONLY: This expenditure is related to the funding source, _____

PLEASE NOTE: A ROSTER WITH EMERGENCY INFORMATION MUST BE PRESENT ON THE FIELD TRIP

Caroline Loomis [Signature] 10/5/15
TEACHER'S NAME / DATE SITE ADMINISTRATOR'S SIGNATURE / DATE

DISTRICT APPROVAL (CATEGORIAL/OTHER) _____ TRANSPORTATION APPROVAL _____

ADDITIONAL REQUESTER INFORMATION: _____

PLEASE NOTE: THIS TRANSPORTATION REQUEST IS NOT APPROVED UNTIL ALL SIGNATURES ARE PRESENT

TRIP EMERGENCY PROCEDURE VERIFICATION: STARTING TIME: _____ ENDING TIME: _____

DRIVER: _____ BUS NUMBER _____

YARD	TIME IN	MILEAGE IN	TIME OUT	MILEAGE OUT	TOTAL MILEAGE

TIME ARRIVED SCHOOL	TIME DEPART SCHOOL	TIME ARRIVE DESTINATION	TIME DEPART DESTINATION	TIME ARRIVED BACK TO SCHOOL

TRIP COMPLETED _____
DRIVER'S SIGNATURE _____ DATE _____

.....
(OFFICE USE ONLY)

MILEAGE CHARGE _____ RATE _____ COST _____
DRIVING HOURS _____ RATE _____ COST _____
OVERTIME _____ RATE _____ COST _____

TOTAL WORKDAY HRS _____ TOTAL COST _____
(M.O.T. INFORMATION ONLY)

CITY OF DAVIS
COMMUNITY
SERVICES DIVISION
600 A STREET, SUITE C Davis, CA 95616
530.757.5626 Fax 530.750.2742



DATE STAMP

CITY FACILITY APPLICATION FOR DJUSD USE

EXCLUDES THEATRES & POOLS

FACILITY RESERVATION INFORMATION		
* Please See Back for Additional Information		
FACILITY TYPE <input type="checkbox"/> FIELD <input type="checkbox"/> GYM <input type="checkbox"/> PARK <input checked="" type="checkbox"/> MEETING ROOM		
FACILITY Veterans Memorial Center	ROOM(s) MPR, Kitchen, Courtyard, side room	
EVENT INFORMATION		
EVENT DESCRIPTION Winter Feast	ESTIMATED ATTENDANCE 300	RATIO OF ADULTS 30
NAME OF DISTRICT STAFF ATTENDING EVENT TROY ALLEN, Principal, Staff & Students	HOME / CELL PHONE NUMBER 757-7154	
EVENT SCHEDULE (Include Set-Up and Clean-Up Time)		
Setup 9am start time 11am end time 3:15pm		
clean up by 4:30pm		
Facility will not be available before your starting time. No exceptions.		
DATE(s) Nov 19, 2015	IN	OUT
APPLICANT		
SCHOOL DAVINCI CHARTER ACADEMY	SCHOOL PHONE # 759-1650	
GROUP DAVINCI JR HIGH	FAX	
ADDRESS 2121 Calaveras & Davis 95616		
CONTACT NAME Scott Thomsen	HOME PHONE # 759-1650	
EMAIL sthomsen@djusd.net	CELL	
DJUSD AUTHORIZATION		
* I authorized & acknowledged that this is a school sponsored event.		
NAME OF PRINCIPAL / ATHLETIC DIRECTOR'S NAME Troy Allen	PHONE 757-7154	
1st SIGNATURE [Signature]	DATE	
DISTRICT FACILITY STAFF (Not required for use of picnic areas) Bruce Colby	PHONE 757-5300	
2nd SIGNATURE	DATE	

closest
to
Kitchen

* PLEASE FILL OUT FACILITY INFORMATION BELOW.

FACILITY RESERVATION INFORMATION			
Please provide additional information corresponding to your event facility. Please read, understand, and comply with all information per application and per supplemental rules & regulations handout. Please visit www.cityofdavis.org for room capacities and descriptions.			
VETERANS MEMORIAL CENTER & SENIOR CENTER			
Facility staff requested for set-up & clean-up?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	VMC & Senior Centers ONLY. Service Fee Applies.
Exclusive use of kitchen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Must be booked with MPR or Club Room.
Food or refreshments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Food is not permitted in the VMC Game Room.
Food served by caterer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name of Caterer (optional) _____
Amplified sound?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ONLY VMC MPR & Senior MPR. Additional Fees Apply
Use of stage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ONLY VMC & Senior MPR. Additional Fees Apply