Santa Clarita Community College District
26455 Rockwell Canyon Road
Santa Clarita, CA 91355
(661) 362-3579, Chellie Louis
Chellie.Louis@canyons.edu

COLLEGE OF THE CANYONS

For Office Use Only
Date Received: _____
Permit No.: _____

APPLICATION/PERMIT/FACILITY USE AGREEMENT
BETWEEN SANTA CLARITA COMMUNITY COLLEGE DISTRICT AND USER

(Please note: Insurance and Hold Harmless forms will be required at least 48 hours in advance of the event.)

Application Date: 8/27/2026 **Applicant's Name:** Brian Kimble **Profit** ☐ **Non-Profit** ☒

Applicant's Email, Office & Cell Phone: Bnkimble3@yahoo.com / Athletics / (661) 714-4941

Organization (User): Santa Clarita Basketball Academy **Organization Phone:** (661) 714-4941

Organization Address: 26893 Bouquet Canyon Rd c225 Saugus CA 91350

Name/Nature of Event: Basketball Skill Workout **Date(s) of Event:** 9/1/2026 - 9/30/2026 M/T/W/Th

Expected Attendance: 3-6 **Admission Fee (if applicable):** N/A

Website Where Event is Being Advertised: No **Is Event Open to the Public?** No

Will there be food or alcohol served at the event? No

(Note: The District has first right of refusal for concessions for at events held in the stadium. All other concessions and food services on District property must be approved by the District. Food or refreshments are not permitted in auditoriums, lecture halls, theaters or classrooms.)

Facilities	Event Date &Start Time	Event Date & End Time	Set Up Time	Tear Down Time
West Gym	9/1/2026-9/30/2026 5:30am MTWTh	9/1/2026- 9/30/2026 7:30am MTWTh	5:30am	7:30am

Rental of District Equipment: No

Special Arrangements: No

Fifty percent of usage fee is payable upon approval of application. Balance of payment in full is due within seven business days after the last scheduled event listed on this Permit.

By signing below, Applicant understands and agrees this application is not a confirmation of facility use and that the date(s) for the event will not be confirmed until the Applicant receives written confirmation from an authorized representative of the Santa Clarita Community College District. If application is approved, the undersigned has read and hereby agrees to abide by and enforce all rules and regulations including insurance requirements pertaining to the use of school facilities established by the Board of Trustees of the Santa Clarita Community College District as printed on the second page of this application. I certify that I am authorized to sign on behalf of Applicant:

Applicant's Signature: _____ **Date:** 8/27/2026

Permit for Use of District Facilities

Facilities approved: _____ **Date(s):** _____

Estimated Charges: _____

This Agreement is hereby entered into between the Santa Clarita Community College District, a California community college ("District") and Applicant ("User") whereas the District is authorized by California Education Code 82537 to allow use of its facilities by the general public and whereas User desires to so use these facilities; and in consideration of the promises made and intending to be legally bound, the District and User agree to the Terms and Conditions as set forth herein, to the Rules and Regulations attached to this application/permit and incorporated herein by reference, and to any addendum made a part hereof.

Application Approved by Santa Clarita Community College District

_____ _____

Authorized District Representative ***Date***

The attached Permit Rules and Regulations are a part of this application.

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