



CITY OF CARSON  
RECEIVED BY  
**FACILITY FEE REDUCTION REQUEST FORM**  
RECREATION AND HUMAN SERVICES DEPARTMENT

2016 NOV 28 PM 4: 52

Name of Applicant: Dennis Batucal Date: 11/28/16

Name of Organization: Academy of Arts at Carson Complex

Mailing Address of Organization: 22328 South Main Street, Carson, CA 90745

Telephone Number: (310) 847 1460 Email Address: djb7255@lausd.net

Facility/Park Requested: Community Hall A, B, and C Event: Annual Health Expo

Date of Event: February 15, 2017 Is this function a fundraiser? ☐ YES ☒ NO

Has your organization requested any other fee reductions this calendar year? ☒ YES ☐ NO

How does your program have value to the Carson Community?  
We are a medical academy that prepares students who are residents of Carson career pathways into the health care industry.

How does this program qualify for financial hardship?  
We are a small pilot school on the campus of Carson High and do not have a large working budget

**I have read and understand the conditions of the Fee Reduction Policy. Any falsifications of information or violation of Facility Rules & Regulations may result in denial of future fee reduction requests.**

Name of Contact person (print): Dennis Batucal Title: Teacher

Signature of Contact Person: Dennis Batucal Email Address: djb7255@lausd.net

Address of Contact Person: P.O. Box 4754, Carson, CA 90749

**FOR DEPARTMENT USE ONLY:**

Contract/Permit No.: 29203 Recreation & Human Services or Community Center (circle one)

The following fee charge(s) is/are being requested for fee reduction:

	<u>Fees</u>	<u>Approved Reduction</u>
Facility Rental Fee:	\$ <u>2960 -</u>	\$ _____

**SUBMITTAL:**

Community Services Manager: [Signature] Date: 11/28/16

Recreation & Human Services Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Community Services Director: [Signature] Date: 11-28-16

☐ Approved ☐ Denied \_\_\_\_\_ Date: \_\_\_\_\_

Community Civic Engagement Board Officer