

USE OF CITY FACILITIES

Community Building: 100-4402

ROP Building: 100-4404

APPLICATION AND AGREEMENT

DATE: _____

Name of Organization/Responsible Person: _____

Address: _____ / _____ / _____ / _____ / _____
(Street) (City) (Zip) (Home Phone) (Work Phone)

Identification: _____ or _____
(Driver's License No.) (Calif. I.D. Card No.)

REQUEST _____ Community Center (Full) _____ Community Center (Half) _____ Community Center Lounge

USE OF: _____ Community Center Kitchen _____ Royal Oaks Park Building

Purpose of Rental: _____
(If event is a wedding reception and/or ceremony, please provide the full name of Bride and Groom.)

Date of Use: _____ Activity Time: _____ to _____ Set-up Time: _____ to _____

Estimated Attendance: Adults _____ Teens _____ Children _____ TOTAL _____

Admission/Donation: _____ If so, what will proceeds be used for? _____

Are you using a caterer? _____
(Name) (Address) (Phone Number)

COMMUNITY CENTER ONLY

Alcohol Served: _____ *Alcohol Sold: _____ * A permit must be obtained from the Dept. of Alcoholic Beverage Control.

EQUIPMENT REQUESTED: _____ Tables & Chairs (Banquet arrangement for _____ people)
_____ Chairs Only (Theater arrangement for _____ people)
_____ Portable Bar _____ Coffee Pot

Specify Other _____

EQUIPMENT AVAILABLE _____ Public Address System: _____ On Stage _____ On Floor
FOR MEETINGS ONLY: _____ Film Screen _____ Speaker's Podium: _____ On Stage _____ On Floor

I have read the Policies and Procedures pertaining to facility use and will be present and responsible for their enforcement. I certify that all the above statements are true and correct. I understand that any misstatement or omission of a material fact may be sufficient cause for cancellation of use of the building. I am aware that all fees are due and payable eight (8) working days in advance of the activity.

Signature of Applicant (Street) (City) (Telephone No.)

FOR OFFICE USE ONLY

Application Approved _____ Application Denied _____ Classification _____

FEES: First Hour \$ _____ DEPOSIT: Amount Rec'd \$ _____ Rec. # _____

Hours Thereafter @ \$ _____ \$ _____ Date Received _____

Set-Up Hours @ \$ _____ \$ _____ Received By _____

Cleaning/Damage Bond \$ _____

Kitchen (flat rate) \$ _____

Miscellaneous Charges

\$ _____

\$ _____

TOTAL FEES \$ _____

BALANCE \$ _____ Due Date: _____
DUE: * A 10% charge per day of unpaid balance will be assessed if fees are not paid by above due date.

BALANCE Amount Rec'd \$ _____ Rec. # _____

PAID: Date Received _____

Received By _____

Director, Parks and Recreation Department or Authorized Designate

If alcohol is being sold, has a permit been obtained: _____ Date: _____