

USE OF CITY FACILITIES
APPLICATION AND AGREEMENT

____ Community Building: 100-4402
 ____ Park Building: 100-4404

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 FOR MEETINGS ONLY: ____ Public Address System: ____ On Stage ____ On Floor
 ____ 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)	\$ _____	BALANCE DUE: \$ _____	Due Date: _____
Miscellaneous Charges		* A 10% charge per day of unpaid balance will be assessed if fees are not paid by above due date.	
_____	\$ _____	BALANCE PAID: Amount Rec'd \$ _____	Rec. # _____
_____	\$ _____	Date Received _____	
TOTAL FEES	\$ _____	Received By _____	

Director, Parks and Recreation Department
or Authorized Designate

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