

## Facility Use Request/Application

Department of Parks, Recreation and Neighborhood Services \*Submitting this Request/Application does not guarantee a reservation

To reserve the facility please follow the instructions below:

- 1. Call and schedule an appointment with the rental coordinator.
- 2. Provide proof of non-profit status or a valid business license (if applicable)
- 3. Complete application, sign rules forms and pay 50% deposit of estimated fees which includes a non-refundable application fee.

<b>FACILITY INFORMATION:</b> Group is responsible for set up and clean up the day of the event within the times listed.  Facility or Building RequestedEquipment Requested									
Type of Event									
Room/Area Reque	ested	Day	Dates	S	et Up Time	Event Time	Clean Up Time	Exit Time	
APPLICANT INFO	RMATION	Either	the primary or	second	arv contact N	MUST be prese	nt. for the duration	of the event.	
APPLICANT INFORMATION: Either the primary or secondary contact MUST be present, for the duration of the event.  Organization Name (if applicable) Phone									
Is your Organization a Non-Profit entity? Yes No If yes, non-profit number Applicant's nameSecondary PhoneSecondary Phone									
Address City Zip Code									
Email Address									
Alternate Contact NamePrimary PhoneSecondary Phone									
A valid Driver's license of	or Identification	card mus	st be present the d	lay of the	event and show	n to the Facility Att	endant before he/she	will open the facility.	
Additional Authorized Contacts NamePrimary Phone									
Additional Authorized Contacts Name									
		ivairie_							
EVENT INFORMA						Prima	ary Phone		
EVENT INFORMA			er each questi	on by pl		Prima	iate box.		
	TION: Pleas	se answ			lacing an "X"	Prima in the appropr	iate box.		
Is the event open	TION: Pleas	se answ	er each questi	on by pl	lacing an "X"  Will a catere	in the approprer be used?	iate box.		
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Furthermore, I/We have and agree to abide by the City of S recreation center buildings. I/We understand further that I/V facilities or equipment that occurs through our group's use of	We will be held						
Applicant's signature:		Date:					
I/We understand that <b>only</b> the <b>Community Center</b> will resolve are responsible for payment to the police officer from Payment is to be made in cash, money order, or cashier's characteristics.	the time my gu	ests arrive to the time we clean up and leave.					
Applicant's signature:		Date:					
I/We understand have received the Community Center rules responsible for adhering to all rules and regulations.	and regulation	ns and I/We also understand that I/We are					
Applicant's signature:		Date:					
Applicant's Initial in Each Box							
I/We have received and understand the Cancellation policy.							
I/We understand if the facility is not cleaned. I/We will not receive the Cleaning/Damage Deposit refund back.							
I/We are aware of any additional cleaning/Damage done to the facility and I/we will take full responsibility and will be charged and/or to the City's Collections Office.							
I/We understand the facility will not be opened until the exact	I/We understand the facility will not be opened until the exact time that is stated on the permit.						
SAVE HARMLESS AND INDEMNIFICATION AGREEMEN	NT:						
I/We,, I	hereby understand	and agree to					
(Print or type full name of Participant/Organization) accept the risk of bodily injury and/or property damage which I/we may in and all activities for which specific space has been reserved for specific time regularly scheduled activities, sporadic use and one-time events. With this the City of San Jose, its Boards, its commissions and their respective office suits or judgments arising from or in connection with my/our function myself/ourselves, my/our successors, assigns, heirs, executors and admin on my/our personal injuries and/or property damage. I/We further understand all facilities that the City of San Jose may own and/or control.	es. This shall inclust understanding, I/srs, agent and emplas a participant. I istrators, and any	de, but not be limited to, assignment of time and space for /We further agree to indemnity, defend and save harmless loyees from and against any and all claims, losses, injuries /We agree to this indemnification and save harmless for other person or entitles who/which may have claim based					
Signature of Authorized Applicant:		Date:					
Credit Card Info: Visa/MC/Discover#:	Exp Date:	Card Holder Signature:					