



Carmichael Recreation and Park District Office
5750 Grant Ave. Carmichael, CA 95608
Phone: (916) 485-5322 Fax: (916) 485-0805
info@carmichaelpark.com

La Sierra Community Center Recreation Office
5325 Engle Rd. #100 Carmichael, CA 95608
Phone: (916) 483-7826 Fax: (916) 483-7861
lsoffice@carmichaelpark.com

Facility Use Application & Permit

Resident Non-Resident
Non-Profit

INFORMATION

Facility Requested: _____
Applicant's Last Name: _____ First Name: _____ M.I.: _____ Are you 18 years old? Y / N
Street Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Primary phone: _____ Secondary phone: _____
Application on behalf of: Individual Organization Business

Non-Profit: Yes No *(If yes, submit copy of 501 c(3) letter)*

Name of Organization: _____
(if applicable)
Street Address: _____
City: _____ State: _____ Zip: _____

Issue Deposit Refund to: Applicant Organization Other *(fill out below)*

Last Name: _____ First Name: _____ Primary phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

RENTAL INFORMATION

Rental Date(s): _____ Day(s) of Week: Su M T W Th F Sa
Approximate Attendance: _____ Type of Event: _____ *(No Live Bands)*

Set-up Time: _____ Event Start: _____ Event End Time: _____ Renter Exit: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS: (Check One)

	<u>Yes</u> <u>No</u>
Will alcohol be served? <i>(If yes, \$50 surcharge)</i>	<input type="checkbox"/> <input type="checkbox"/>
Will alcohol be sold? <i>(If yes, ABC permit required)</i>	<input type="checkbox"/> <input type="checkbox"/>
Will there be amplified sound?	<input type="checkbox"/> <input type="checkbox"/>
Specify: _____	
<small><i>(Please refer to Facility Rental Policy, Amplified Sound)</i></small>	

For picnic/park sites only:	<u>Yes</u> <u>No</u>
Will you be renting porta-potties?	<input type="checkbox"/> <input type="checkbox"/>
Will you be renting an inflatable attraction? <i>(If yes, \$25 vendor fee)</i>	<input type="checkbox"/> <input type="checkbox"/>
Additional Items Requested: _____	

INDEMNITY AND HOLD HARMLESS CLAUSE

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Applicant/User agrees to be solely responsible for any and all liability, claims, loss, demands, damages, costs and expenses, including attorney's fees, arising out of or resulting from any injury to persons or damage to property which arise out of its use of District facilities. Applicant/User agrees to defend, indemnify and hold harmless the District, its officers, agents, employees and volunteers against any and all such claims, demands, causes of action, suits and expenses, whether or not any such claim or action is alleged to have been caused in part by District as a party indemnified hereunder.

_____ (User Initial) I have been given a copy of, or electronic link, to the Rental Facility Policy. I acknowledge that I am responsible for reading and abiding all terms outlined in the policy, all of the conditions of this application and any contract or permit issued based on this application.

By: _____
SIGNATURE OF PERMITTEE OR AUTHORIZED GROUP REPRESENTATIVE

Name Printed: _____

Approved By: _____ Date: _____

FOR OFFICE USE ONLY

Security Officers Required: Yes No Security Agency: _____

ABC Permit Required?: Yes No Insurance Certificate/ Policy#: _____

Set-up hours: _____ Set-up Fee: _____ Amount: \$ _____

Event Hours: _____ Event Fee: _____ Amount: \$ _____

Items	Receipt #	Amount
Deposit	#	\$
Room Rental	#	\$
Security	#	\$
Alcohol/Other (Fees)	#	\$
District Insurance	#	\$

Total Fees Due By: _____ Total Amount: \$ _____