

## Facility and Field Use Application & Permit

### CONTACT INFORMATION

Facility or Field Requested: \_\_\_\_\_

Application on behalf of:  Individual  Organization  Business  
 Resident  Non-Resident  Non-Profit *(If yes, submit copy of 501 c(3) letter)*

First Name of Contact: \_\_\_\_\_ Last Name: \_\_\_\_\_ 18 Years or Older? Y / N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Yes, I want to receive the monthly email newsletter from Carmichael Recreation & Park District with information on upcoming community events, programs and classes.

### ORGANIZATION INFORMATION *(if applicable)*

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

### RENTAL INFORMATION

Rental Date(s): \_\_\_\_\_ Day(s) of Week: Su  M  T  W  Th  F  Sa   
*(If requesting multiple fields, dates, and/or times, please attach a detailed schedule.)*

Approximate # Attending: \_\_\_\_\_ Type of Activity: \_\_\_\_\_

Set-Up Time: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_ Renter Exit Time: \_\_\_\_\_

*If your rental goes outside of the above permitted timeframe, it is subject to additional charges.*

### DEPOSIT REFUND INFORMATION

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

First Name of Contact: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING RENTAL QUESTIONS

Will alcohol be served <i>(if yes, \$50 surcharge)</i> :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b><u>Security is required for all events that have alcohol present.</u></b>
Will alcohol be sold <i>(if yes, ABC permit required)</i> :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will there be amplified sound:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you be using a BBQ or grill:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(Only Blackstone Outdoor Griddles allowed at John Smith Hall, Raymond Nay Picnic Structure, and Garfield House.)</i>



**ADDITIONAL RENTAL ITEMS:** *Additional fees may apply. Please indicate what items are needed for your rental.*

- PA System (JSH): \$70/day  Yes  No *(If hiring a DJ, they must provide all PA/mic needs)*
- Stage (JSH): \$50/day  Yes  No
- Projector Screen (JSH/CYP/CH): \$10/day  Yes  No
- Projector (JSH/CYP): \$40/day  Yes  No
- Warming Oven (JSH): \$20/day  Yes  No
- Podium (JSH/CH): \$10/day  Yes  No
- Pickleball Nets (Gyms): \$30/hour  Yes  No

**FOR GYM ONLY:**

- Regular Rental - Tournament, League Games:  Yes  No *(If rental dates are for different use, please*
- Team Practice/School Use:  Yes  No *complete an additional application)*

**FOR GARFIELD HOUSE ONLY:** *Additional fees may apply.*

Is Jensen Lawn being added:  Yes  No

**INDEMNITY AND HOLD HARMLESS CLAUSE**

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 by all terms outlined in the policy, all the conditions of this application and any contract or permit issued based on this application.

\_\_\_\_\_ (User Initial) I acknowledge that I am responsible for clean-up including putting away all tables, chairs, garbage, decorations, sweeping, and spot mopping the floor. Not completing the renter clean-up responsibilities may result in the loss of the security deposit.

\_\_\_\_\_ (User Initial) I acknowledge that any time spent in the facility exceeding that of the CONTRACTED RENTER EXIT TIME will be charged at 1.5 times the rental rate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF PERMITTEE OR AUTHORIZED GROUP REPRESENTATIVE

Name Printed: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Security Officers Required:  Yes  No ABC Permit Required:  Yes  No

ABC Permit Received:  Yes  No Date Received: \_\_\_\_\_

Insurance Certificate/Policy#: \_\_\_\_\_

Set-Up Hours: \_\_\_\_\_ Set-Up Fee: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Event Hours: \_\_\_\_\_ Event Fee: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

ITEMS	Receipt #	Amount
Security Deposit	#	\$
Facility/Field Rental	#	\$
Security Guards	#	\$
Alcohol/Other Fees	#	\$

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