



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 (if yes, \$50 surcharge): Yes No **Security is required for all events**
Will alcohol be sold (if yes, ABC permit required): Yes No **that have alcohol present.**
Will there be amplified sound: Yes No



FOR JOHN SMITH HALL ONLY: Additional fees may apply.

Do you need a PA system: Yes No (If hiring a DJ, they must provide all PA/mic needs)

Do you need a stage: Yes No

Do you need a projector screen: Yes No

Do you need a projector: Yes No

Do you need a podium: Yes No

Will you be using a BBQ or grill: Yes No (Only allowed outdoors)

FOR GYM ONLY:

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

Team Practice/School Use: Yes No

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: \$ _____