



Facility Rental Application

ONLY SAN PABLO INCORPORATED RESIDENTS ARE ELIGIBLE FOR RESIDENT RATES

Date Requested: _____ Day of Week: _____ Type of Event: _____

Set Up time: ____:____ am/pm - ____:____ am/pm

Event time: ____:____ am/pm - ____:____ am/pm

Security Hours: ____:____ am/pm - ____:____ am/pm

Clean-Up time: ____:____ am/pm - ____:____ am/pm

Total Hours: _____ *(All rental hours must be consecutive)*

Total Hours of security: _____

Name of Applicant: _____ Phone Number: _____

Name of Organization: _____ State Non-Profit ID#: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Designated Person In Charge on the Day of Event: _____ Phone: _____

Facility Requested (Maximum capacity):

- Maple Hall (145) Davis Park Multi-Purpose (80) Madeira Room (45)
- Church Lane Senior Center (139) Davis Park Senior Center (50) Activity Room 2 (41)
- Library Community Room (105) Community Room A or B (48) Computer Lab (20)
- San Pablo Community Hall (96) Teen Lounge (47) Commercial Kitchen (2)

Write the number of participants for each age group; the attendance numbers should be as accurate as possible.

Total Attendance: _____ Children (ages 1-12) _____ Teens (13-20) _____ Adults (21-35) _____ Adults (35+) _____

Will alcoholic beverages be served? YES*/ NO For Sale? YES*/ NO

**If "YES" see page 9 of Rental Policy*

Photo I.D Required:

Type: _____ Number: _____

OFFICE USE ONLY	
Application Fee (Non-Refundable)	\$ _____
Deposit	\$ _____
Hourly Fee	\$ _____
Insurance Fee (Will organization/applicant provide their own Insurance? _____)	\$ _____
Alcohol Fee	\$ _____
Staff Fees (\$20/person/hour)	\$ _____
Security Guards	\$ _____
Equipment	\$ _____
Amount Total	\$ _____

Recreation Staff Signature: _____ Date Received: _____ Approved Denied By: _____

CM Staff Signature: _____ Date Received: _____ Approved Denied By: _____

AGREEMENT AND ACCEPTANCE OF APPLICATIONS

In signing this application, I certify that I have received the Public Facility Rental Policies. I have read and understood the facility rules and instructions, and I (or organization represented) will abide by any conditions set forth therein. I agree to hold the City of San Pablo, the individual members thereof, and all of its officers, agents and employees, free and harmless from any loss, damage, cost of expense that may arise during or caused in any way by such use or occupancy of recreational facilities.

I accept full responsibility for them throughout the period specified in the Facility Rental Application. I further understand that as the applicant I assume full responsibility for any penalty fees assessed by the City of San Pablo for any violations of these rules and regulations governing the use of the above requested facility. I am also aware that by signing this contract, I take full responsibility for the behavior exhibited by my guests during my rental.

I understand that I (or organization represented) am responsible for any damages or fees sustained to the buildings, furniture or equipment through occupancy. Responsibility includes but is not limited to third party fines issued as a result of not following facility rental policies. Any lost equipment or damages sustained must be compensated within seven days of event date.

Name of Applicant (please print): _____

Signature of Applicant: _____ Date: _____

Organization Name (if applicable): _____