

DATE _____

CITY OF HAWAIIAN GARDENS

I.D. NO. _____

HUMAN SERVICES DEPARTMENT

APPLICATION AND AGREEMENT FOR USE OF RECREATION FACILITIES

FACILITIES REQUESTED _____

<p>GROUP'S NAME _____</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ ZIP _____ PHONE _____</p> <p style="text-align: center;">GROUP'S AGREEMENT</p> <p>We hereby certify that we shall be personally responsible on behalf of our organization for any damage or unnecessary abuse of buildings or equipment on said premises by our organization. We realize that City sponsored events have priority over this facility request and that the terms and date(s) are subject to change at any time.</p> <p>Applicant agrees to hold the City of Hawaiian Gardens harmless and free from any liability of any nature, arising out of the use of City Recreational facilities, to include reimbursement of any legal costs and fees incurred in defense of such claims.</p> <p>All facility users must provide a certificate of liability insurance coverage in the amount of \$1,000,000.00 naming the City of Hawaiian Gardens as additional insured.</p> <p>A clean-up and security deposit will be required for all reservations of room rentals and for ballfield lighting for ongoing use (see deposit section). Deposit will be refunded upon approval of room clean up and time limit. (WE AGREE TO ABIDE BY AND ENFORCE THE RULES AND REGULATIONS OF THE CITY OF HAWAIIAN GARDENS, AS OUTLINED IN THE CITY FEE SCHEDULE).</p> <p>Signature _____</p>	<p style="text-align: center;">MEETING INFORMATION</p> <p>DATE (S) _____</p> <p>DAY (S) _____</p> <p>TIME (S) _____</p> <p>PURPOSE OF MEETING _____</p> <p>_____</p> <p>EXPECTED ATTENDANCE _____</p> <p>OPEN TO PUBLIC? _____ YES _____ NO</p> <p>ADMISSION CHARGED? _____ YES _____ NO</p> <p>DONATION ACCEPTED? _____ YES _____ NO</p> <p>ALCOHOL? _____ YES _____ NO</p> <p>What would profit be used for? _____</p> <p>_____</p>																						
<p style="text-align: center;">DATES OF USE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">SPECIAL EQUIPMENT</p> <p>_____ CHAIRS - NO. _____</p> <p>_____ TABLES - NO. _____</p> <p>_____ STAGE</p> <p>OTHER _____</p>																						
	<p style="text-align: center;">FOR CITY USE ONLY</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">FEES FOR</th> <th style="text-align: right;">AMOUNT</th> </tr> </thead> <tbody> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">Fee Subtotal</td><td style="text-align: right;">\$ _____</td></tr> <tr><td colspan="2">DEPOSITS FOR</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">Deposits Subtotal</td><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">TOTAL</td><td style="text-align: right;">\$ _____</td></tr> </tbody> </table>	FEES FOR	AMOUNT	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	Fee Subtotal	\$ _____	DEPOSITS FOR		_____	\$ _____	_____	\$ _____	Deposits Subtotal	\$ _____	TOTAL	\$ _____
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	<p>LIABILITY INSURANCE SUBMITTED YES _____ NO _____</p> <p>APPROVED BY _____</p> <p>DATE PAID _____ RECEIVED BY _____</p> <p>AMOUNT _____ RECEIPT NO. _____</p> <p>DATE PAID _____ RECEIVED BY _____</p> <p>AMOUNT _____ RECEIPT NO. _____</p> <p>DATE PAID _____ RECEIVED BY _____</p> <p>AMOUNT _____ RECEIPT NO. _____</p>																						

PLEASE notify Recreation of any cancellations of meetings so room will be available to others.
DISTRIBUTION: GREEN - Office Copy CANARY - Finance PINK - Applicant