

FACILITY RESERVATION FORM

ORGANIZATION NAME: _____ Non-profit ID #: _____

CONTACT NAME: _____ CONTACT PHONE #: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

Check box and provide information if the deposit should go to another party:

Name Address: City: State/Zip:

DATE OF EVENT: _____

TYPE OF EVENT: _____

ESTIMATED ATTENDANCE: _____

HOURS OF USE: (please list start and end times for each of the following)

Set up: _____

Event: _____

Clean-up: _____

FACILITY REQUESTING: (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Azalea Hall- Entire Facility | <input type="checkbox"/> Activity Center |
| <input type="checkbox"/> Azalea Hall-Hewitt Room | <input type="checkbox"/> Pierson Park |
| <input type="checkbox"/> Azalea Hall-Senior Room | <input type="checkbox"/> Trailer |
| <input type="checkbox"/> Hiller Park Picnic area | <input type="checkbox"/> Other: _____ |

SERVICES REQUESTED: (please check all that apply)

- | |
|--|
| <input type="checkbox"/> Set-up Services (See our brochure for fees) |
| <input type="checkbox"/> Clean-up Services (See our brochure for fees) |
| <input type="checkbox"/> Complete hosting (\$12.00 per hour per staff) |

EVENT INFORMATION:

| | | | |
|---|------------|-----------|--|
| Do you intend to provide outside insurance coverage within the limits prescribed by MCSD? | Yes | No | |
| Will entertainment be offered by other persons? | Yes | No | If yes, type: _____ |
| Amplified Music: | Yes | No | Band Name/Type: _____ |
| P.A. System Required? | Yes | No | Will you decorate the facility? Yes No |
| Alcoholic Beverages Served? | Yes | No | |
| Alcoholic Beverages Sold? | Yes | No | If yes, an ABC License is required |
| Using a Caterer? | Yes | No | Name of Caterer: _____ |
| Admission charged for the Event? | Yes | No | |
| Food Served? | Yes | No | |
| Food Sold? | Yes | No | If yes, a Department of Health permit is required |
| Contributions Solicited: | Yes | No | |

* Handicap accommodations must be requested at the time facility reservations are made.
* There shall be no discrimination against or segregation of any persons in connection with the use of public facilities.
* Event fees are due and payable 30 working days prior to the event date. Fees paid with less than 30 days must be paid in full by cash, credit card or money order. Checks will not be accepted less than 30 days prior to your event.
* Rental fees are fully refundable up to 60 days prior to the scheduled event less a \$20 administrative fee. Cancellations less than 59 days prior to the event will result in partial loss of deposit and/or rental fees paid. See "Guidelines, Rules & Regulations Governing Use of District Facilities" for complete Cancellation policy. * District reserves the right to cancel events for failure to meet fee deadlines and event requirements.

The undersigned, responsible individual, acting as representative of the organization entering into this agreement, certifies that the above information is correct, agrees to pay the required fees 30 working days prior to the event and meet all event requirements at least 5 working days prior to the scheduled event, agrees to obtain adequate insurance coverage for the event, including coverage from outside vendors, agrees to obey the rules and regulations as provided, and assumes full personal and financial responsibility for any damages sustained to the buildings, grounds, furniture, or equipment, and for the acts and conduct of all persons on premises at the time of the event.

The undersigned, responsible individual, and organization designated above jointly and severally agree to hold McKinleyville Community Services District, its employees, agents, volunteers, and any other person, firm or corporation charged or chargeable with responsibility or liability, free and harmless from any and all claims, demands, damages, costs, expenses, loss of service, action and causes of action by any person or persons, for injuries to persons or loss or damages to property occasioned by or arising out of the use of the facilities, equipment and premises of the MCSD.

Signature: _____ Date: _____

District Use:

BILLING INFORMATION:

FACILITY DEPOSIT: \$100.00 DATE PAID: _____ RECEIPT #: _____

FACILITY RENTAL FEE: _____

FACILITY HOST FEE (MINIMUM OF 4 HOURS): _____

SPECIAL EVENT SERVICES _____ Circle purchased : SET UP CLEAN UP

DISTRICT PROVIDED INSURANCE: _____

TOTAL AMOUNT DUE MINUS DEPOSIT: _____ AMOUNT TO BE BILLED: _____

PAYMENT DUE DATE: _____ PAYMENT RECEIVED: _____ RECEIPT #: _____

PERMITS/INSURANCE NEEDED:

ABC License is required: YES NO Date received:

A Department of Health permit Required: YES NO Date received:

Insurance provided by the District: YES NO

Outside insurance provided

naming MCSD as additionally insured: YES NO Date Received:

A Written Security Plan needed: YES NO Date received:

Special Request:

Needs power turned on:

Post reservation signs:

Fax contract to Sheriff's Office:

Notes: