



## Facility Use Request/Application

Department of Parks, Recreation and Neighborhood Services  
\*Submitting this Request/Application does not guarantee a reservation

To reserve the facility please follow the instructions below:

1. Call and schedule an appointment with the rental coordinator.
2. Provide proof of non-profit status or a valid business license (if applicable)
3. Complete application, sign rules forms and pay 50% deposit of estimated fees which includes a non-refundable application fee.

\*Fees will not be collected until an appointment has been made by the Facility Coordinator

**FACILITY INFORMATION:** Group is responsible for set up and clean up the day of the event within the times listed.

Facility or Building Requested \_\_\_\_\_ Equipment Requested \_\_\_\_\_

Type of Event \_\_\_\_\_ Estimated Attendance Youth \_\_\_\_\_ Adults \_\_\_\_\_ Total \_\_\_\_\_

Room/Area Requested	Day	Dates	Set Up Time	Event Time	Clean Up Time	Exit Time

**APPLICANT INFORMATION:** Either the primary or secondary contact MUST be present, for the duration of the event.

Organization Name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Is your Organization a Non-Profit entity?    Yes    No    If yes, non-profit number \_\_\_\_\_

Applicant's name \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Alternate Contact Name \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

A valid Driver's license or Identification card must be present the day of the event and shown to the Facility Attendant before he/she will open the facility.

Additional Authorized Contacts Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Additional Authorized Contacts Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

**EVENT INFORMATION:** Please answer each question by placing an "X" in the appropriate box.

	Yes	No		Yes	No
Is the event open to the public?			Will a caterer be used?		
Is this a fundraising event?			Will refreshments be served?		
Will a fee be charged?			Will alcohol be served?*		

\* NO HARD LIQUOR IS ALLOWED. NO EXCEPTIONS!

**OFFICE USE ONLY:**

Staff Person Accepting Application \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

Staff Person Reviewing Application \_\_\_\_\_ Date \_\_\_\_\_

Application Status     Application Fee Attached     Non-Profit Status Attached     Insurance Attached

Approved \_\_\_\_\_ Receipt/Permit # \_\_\_\_\_ Date \_\_\_\_\_

Declined \_\_\_\_\_ Reason \_\_\_\_\_ Customer Notified \_\_\_\_\_

Staff Notes \_\_\_\_\_

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Furthermore, I/We have and agree to abide by the City of San Jose rules and regulations pertaining to the use of the recreation center buildings. I/We understand further that I/We will be held financially responsible for any damage to facilities or equipment that occurs through our group's use of the building.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We understand that **only** the **Community Center** will reserve a **San Jose Police Officer**. I/We also understand that I/We are responsible for payment to the police officer from the time my guests arrive to the time we clean up and leave. Payment is to be made in cash, money order, or cashier's check, at the current rate of pay.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We understand have received the Community Center rules and regulations and I/We also understand that I/We are responsible for adhering to all rules and regulations.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant's Initial in Each Box**

- I/We have received and understand the Cancellation policy.
- I/We understand if the facility is not cleaned. I/We will not receive the Cleaning/Damage Deposit refund back.
- I/We are aware of any additional cleaning/Damage done to the facility and I/we will take full responsibility and will be charged and/or sent to the City's Collections Office.
- I/We understand the facility will not be opened until the exact time that is stated on the permit.

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**SAVE HARMLESS AND INDEMNIFICATION AGREEMENT:**

I/We, \_\_\_\_\_, hereby understand and agree to

**(Print or type full name of Participant/Organization)**

accept the risk of bodily injury and/or property damage which I/we may incur or cause a third party to incur as a result of my/our participation in any and all activities for which specific space has been reserved for specific times. This shall include, but not be limited to, assignment of time and space for regularly scheduled activities, sporadic use and one-time events. With this understanding, I/We further agree to indemnify, defend and save harmless the City of San Jose, its Boards, its commissions and their respective officers, agent and employees from and against any and all claims, losses, injuries, suits or judgments arising from or in connection with my/our function as a participant. I/We agree to this indemnification and save harmless for myself/ourselves, my/our successors, assigns, heirs, executors and administrators, and any other person or entities who/which may have claim based on my/our personal injuries and/or property damage. I/We further understand and agree that this save harmless and indemnification shall apply to any and all facilities that the City of San Jose may own and/or control.

Signature of Authorized Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card Info: Visa/MC/Discover#: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_