



Facility Use Application
Department of Parks, Recreation and Neighborhood Services

FACILITY INFORMATION:

Facility Name/Address:
Room(s) requested: Equipment requested:
Type of event: Estimated Attendance: Adults: Youth: Total
Requested date (s): Times: to
Set-up date time: to Event Time: to Clean-up Time: To:
(Clean up must be done on the day of the event.)
Police Officer: to

APPLICANT INFORMATION:

Organization Name (if applicable): Phone: ( )
Is Organization a Non-Profit entity? Yes No If Yes, non-profit number:
Applicant's name: Phone: ( )
Alternate Phone: ( ) Email Address:
Address: City: Zip Code:
Employer's name: Phone: ( ) Ext:

EVENT INFORMATION:

Circle the correct answer on each question.

Event open to the public? Yes No Will a caterer be used? Yes No
Will a fee be charged? Yes No Will refreshments be served? Yes No
Is this a fundraising event? Yes No Will wine/beer be served? Yes No

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

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: \_\_\_\_\_

**OFFICE USE ONLY:**

**APPLICANT INFORMATION:**

User Type (circle one):    I                    II                    III – Res                    III – NonRes

**PAYMENT INFORMATION:**

Application Fee*	=	\$ _____
Total # of hours _____ x \$ _____	=	\$ _____
Staffing: Total # of hours ___ x \$ 18.00 x ___ # of staff	=	\$ _____
Equipment Fee: _____	=	\$ _____
Equipment Fee: _____	=	\$ _____
Cleaning & Damage Deposit	=	\$ _____
Revenue Generation Fee	=	\$ _____
Miscellaneous Fee: _____	=	\$ _____
<b>GRAND TOTAL</b>	=	\$ _____

\*Waived if request if for seven (7) or more consecutive hours

Deposit A-Receipt # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Pymt. Type: \_\_\_\_\_

Final Pymt. A-Receipt # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Pymt. Type: \_\_\_\_\_

**CENTER INFORMATION:**

Staff Person Taking Application: \_\_\_\_\_ Date: \_\_\_\_\_

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

**REFUND INFORMATION:**

Date Refunded: \_\_\_\_\_ Amount Refunded: \$ \_\_\_\_\_ A-Receipt: \_\_\_\_\_

Refund Type (circle one):    Credit Card    Check:

Reason if withholding refund: \_\_\_\_\_