



Facility Use Application

Mailing Address: PO Box 418114 Sacramento, CA 95841-8114

Physical Address: 4855 Hamilton St. Sacramento, CA 95841

Phone 916-482-8377 FAX 916-483-1320

**Please complete the following and return to the Arcade Recreation and Park District.
Completion of this form does not guarantee that your request will be granted.
If the facility is available, the complete deposit must be submitted to reserve the date.**

Organization Name if applicable:

Applicant Name	Alternate Contact Person
Address	Address
City Zip	City Zip
Cell Phone	Cell Phone
Other Phone	Other Phone
Email	Email

Either the Applicant or Designated Alternate(s) MUST be on site through out the event.

GENERAL INFORMATION

1. Purpose of Activity:	Is this a Fund Raiser?	Yes	No
2. Facility Requested:	Name of Organization:		
<input type="checkbox"/> Maple (Large) Room Capacity 120 Seated	<input type="checkbox"/> Oak (Small) Room Capacity 50 Seated		
<input type="checkbox"/> Oakdale Gym Capacity 200	<input type="checkbox"/> Other	a. Is the event open to the public?	Yes No
3. Date(s) Requested:	b. Will Admission fees be charged?	Yes	No
4. Rental Hours (include set up and clean up): _____ to _____	c. Will contributions be solicited?	Yes	No
5. Rental Start Time	d. Will items be offered for sale?	Yes	No
6. Estimated Attendance:	e.		
7. Will you have DJ, Live music or Other? Yes No	For questions a - e, describe purpose for the proceeds		
Name			
Contact Phone #			
8. Will the event be catered? Yes No			
Name			
Contact Phone #			
9. Will alcohol be served? Yes No	10. Is there any Specific/Special Equipment being used?		
If yes, what type and amount	If yes, describe:		
(Note: Kegs are not allowed)			

INDEMNITY AND HOLD HARMLESS CLAUSE

INDEMNIFICATION

The **(USER/RENTER)** shall indemnify, defend, and hold harmless **Arcade Creek Recreation & Park District**, its officers, employees, and agents from any and all losses, costs, expenses, claims, liabilities, actions, or damages, including liability for injuries to any person or persons or damage to property arising at any time out of or in any way related to the **(USER/RENTER)'s** use or occupancy of a facility or property controlled by the **Arcade Creek Recreation & Park District**, unless solely caused by the gross negligence or willful misconduct of **Arcade Creek Recreation & Park District**, its officers, employees, or agents.

(User/Renter) will further pay any and all costs and expenses, including but not limited to court costs and reasonable attorney's fees, incurred by **(User/Renter)** on account of any such claims, demands or liabilities.

I have read and fully understand the Arcade Creek Recreation and Park District Facility Use Regulations and agree that my event will follow these regulations and guidelines. I further understand that failure to follow these regulations and guidelines can result in loss of my deposit and shut down of my event. In the event of a complete shut down, I will be responsible for any costs associated and my fees and deposit are forfeited.

Initial _____

SIGNATURE OF PERMITTEE OR AUTHORIZED GROUP REPRESENTATIVE

PRINTED NAME

DATE

Description	Non Profit	Private Party		
Rental Deposit				
Margi Herzog Community Center	\$300.00	\$300.00		
Oakdale Gym	\$300.00	\$300.00		
Facility Rental Fee's				
Margi Herzog Community Centers	Located at Hamilton Street Park	M-Th 8am-5pm	Friday, Saturday, Sunday	All fees are paid hourly. Fee's are incurred for all time. Including set up and take down
Oak (Small) Room / Capacity 50 Seated	Non -Profit	20.00	30.00	
Charge is hourly	Private Party	40.00	55.00	
Maple (Large) Room / Capacity 120 Seated	Non -Profit	30.00	40.00	
Charge is hourly	Private Party	55.00	75.00	
Oakdale Gym- located at Oakdale Elementary School / Capacity 200		N/A	45.00	
No Kitchen Facilities, No Alcohol or Smoking Allowed on Premises				

For office use only

Approved By _____ Date of Approval _____

Facility Use Regulations turned in with items initialed, signed and dated: Yes No

Are the following items required?	Evidence of compliance must be provided				
Liquor License	Yes	No	Security	Yes	No
ABC License	Yes	No	Insurance	Yes	No

	Date Paid	Amounts	Pmt Method	Receipt #
Deposit				
Facility Fee				
Other				
Other				

Refund Receipt #