



APPLICATION FOR USE OF FACILITIES

MAIN CONTACT INFORMATION (Please Print) MUST BE AT LEAST 18 YEARS OF AGE

LAST NAME		FIRST NAME	
ADDRESS		CITY	ZIP
HOME PHONE	ALTERNATE PHONE	E-MAIL FOR FURTHER NOTIFICATION	

APPLICATION FOR USE OF FACILITY

LOCATION	FACILITY/AREA DESIRED	DATE	HOURS FROM _____ TO _____
TYPE OF ACTIVITY	NUMBER ATTENDING	PLEASE CHECK IF THE EVENT WILL BE OPEN TO <input type="checkbox"/> PUBLIC <input type="checkbox"/> MEMBERS/GUEST	
NAME OF ORGANIZATION		NAME AND TITLE OF APPLICANT	
APPLICANT'S ADDRESS	CITY	ZIP	PHONE
IS A CHARGE OF ANY KIND TO BE MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF YES EXPLAIN _____		IF FUNDS ARE TO BE RAISED, FOR WHAT PURPOSE? EXPLAIN _____	

LIVE OAK PARK COMMUNITY CENTER		EQUIPMENT REQUIRED (COMMUNITY CENTER ONLY)	
<input type="checkbox"/> LIVE OAK 1 <input type="checkbox"/> LIVE OAK 2 <input type="checkbox"/> LIVE OAK 3 <input type="checkbox"/> CAMELLIA <input type="checkbox"/> ACORN 1 <input type="checkbox"/> ACORN 2 <input type="checkbox"/> KITICHEN <input type="checkbox"/> OTHER _____		NUMBER	ITEMS
		_____	CHAIRS
		_____	TABLES
		_____	P.A. SYSTEM
		_____	OTHER

LIVE OAK PARK PICNIC SHELTER		TEMPLE CITY PARK
<input type="checkbox"/> ½ LARGE SHELTER (A-B-C) 9 tables	<input type="checkbox"/> ½ LARGE SHELTER (D-E-F) 9 tables	<input type="checkbox"/> PERFORMING ARTS PAVILION
<input type="checkbox"/> LARGE SHELTER (A TO F) 18 tables	<input type="checkbox"/> SMALL SHELTER 7 tables	<input type="checkbox"/> OTHER AREAS

LIVE OAK PARK	
<input type="checkbox"/> ATHLETIC FIELD <input type="checkbox"/> BASEBALL FIELD <input type="checkbox"/> BASKETBALL COURTS <input type="checkbox"/> CONCESSION STAND <input type="checkbox"/> SOFTBALL FIELD <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> OTHER	

SIGNATURE OF APPLICANT

PRINT NAME _____ X _____ DATE _____
 (Signature/Applicant must be at least 18 years of age)

DO NOT WRITE BELOW - OFFICE USE ONLY

IS THE FACILITY AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS		
FACILITY	FEE	DISPOSITION OF REQUEST	
		REQUEST DENIED BY	
		REQUEST APPROVED BY	
		DATE	
SECURITY DEPOSIT		TOTAL CHARGE	
STAFF EXPENSE		DATE FEES PAID	
INSURANCE ENDORSEMENT		RECEIPT #	

Waiver of Liability

In consideration of being permitted to use the facility, and to the extent permitted by law, the undersigned waives, releases, and discharges the City of Temple City, its officers, agents, servants and employees (collectively, "City") from all liability for any loss or damage whatsoever, including personal injury, death, property damage, medical expense and any other type of expense (collectively, "damages") arising out of, or in connection with, the use of the facility by the undersigned and/or the organization or group on behalf of which the undersigned represents.

The undersigned acknowledges, agrees and represents that he or she has or immediately upon entering will inspect the facility. By entering and using the facility the undersigned agrees that the facility and all equipment thereon has been inspected and the undersigned finds and accepts the facility and equipment as being safe and reasonably suited for use. The undersigned accepts the facility as is, without representation or warranty of the City as to the condition of the facility, or as to the use or occupancy which may be made of it. The undersigned waives and discharges City from all liability for any loss or damage, including personal injury, death, property damage, medical expense and any other type of expense caused by the condition and/or maintenance of the facility or any equipment.

PRINT NAME _____ X _____ DATE _____
Applicant and/or Authorized group Representative (Signature/Applicant must be at least 18 years of age)

Rules and Regulations

The undersigned certifies that he or she has read and will abide by the City's rules and regulations (see attachment) for the use of the facility, and will abide by all federal, state and local laws. The undersigned agrees that alcoholic beverages or narcotics will not be brought onto or consumed and/or used on City property, and City property will not be used for any unlawful purpose. The undersigned acknowledges and understands that the City reserves the right of full access to all meetings and activities on City property at any time during their occurrence to see that all City rules and regulations and federal, state and local laws are not violated. It is further understood that the City does not have accident or medical coverage for participants using City facilities.

PRINT NAME _____ X _____ DATE _____
Applicant and/or Authorized group Representative (Signature/Applicant must be at least 18 years of age)

Cancellation Policy for Facility Rentals

Reservations may be cancelled by applicant and all fees and deposit returned up to 30 calendar days prior to the event less a \$10 cancellation fee. One half of the rental fees will be retained if reservations are cancelled 29-7 calendar days prior to the event. All fees and deposit will be retained if reservations are cancelled less than 7 calendar days prior to the event.

Deposit refunds will coincide with City's bill cut-off schedule. Refunds to be returned in same manner as payments submitted. All cash payment shall be returned in the form of a city issued check.