

COMMUNITY SERVICES DEPARTMENT

Facility Rental Contract



Facility (please circle): Arrillaga Onetta Harris Senior Center					
Applicant Name:			Organization Name:		
Address:		City:	State:	Zip:	
Home Phone:		Alternate Phone:			
E-mail Address:		Insurance Required: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Estimated Attendance:		Will alcohol be served: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Type of Use:		Beer <input type="checkbox"/> Wine <input type="checkbox"/> Champagne <input type="checkbox"/>			
Kitchen Needed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Security Required: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Room Name/Number	Day	Date	Start Time	End Time	Total Hours
TOTAL HOURS					
RENTAL RATE					\$
DEPOSIT					\$
TOTAL RENTAL FEES					\$
DEPOSIT AMOUNT		\$	DEPOSIT DUE DATE		/ /
BALANCE AMOUNT		\$	BALANCE DUE DATE		/ /

I hereby certify and agree that I shall be personally responsible on behalf of myself/organization for any damage sustained by the facility, furniture, or equipment, as a result of the occupancy if said facility by my group/organization. I hereby waive, release, discharge and agree to indemnify, defend and hold harmless the City, its officers, employees, and agents from and against any and all claims by any person or entity, demands, causes of action or judgments for personal injury, death, damage or loss of property, or any other damage and/or liability occasioned by, arising out of, or resulting from this reservation or use of the facilities. I hereby declare that I have read and understand and agree to abide by and to enforce the rules, regulations, and policies affecting the use of the facilities.

Signature of Applicant

Date

Approved by (Signature of Supervisor)

Date

Payment Information

Cash Check Visa Mastercard

Account # _____ Exp. _____ Account Holder Name _____

I agree to pay the above charges and authorize the City of Menlo Park to charge these costs to my credit card.

Authorized Signature: _____

Please make all checks payable to: City of Menlo Park. **Note: There is a \$30 charge for returned checks.**

Office Use Only:

Deposit: R# _____ Date _____ Processed By _____

Partial Rental Fee: R# _____ Date _____ Processed By _____

Final Payment: R# _____ Date _____ Processed By _____

Entered into Calendar Entered into Staff Schedule Insurance Provided Application Complete