



**Arcade Creek Recreation and Park District
Facility Use Application**

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:

Contact Person [<i>MUST be on site at opening and closing times</i>]		Alternate Contact Person	
Address	Day Phone	Address	Day Phone
City, Zip	Evening Phone	City, Zip	Evening Phone
Cell Phone		Cell Phone	
Email		Email	

GENERAL INFORMATION

1. Facility Requested:	8. Will alcohol be served? Y N
2. Date(s) Requested:	If yes, what type of alcohol and amount. [<i>Note: Kegs are not allowed</i>]
3. Purpose of Activity:	
4. Event Hours (include set up and clean up): _____ up) _____ to _____	9. Will the event be catered?
5. Time Guests Arrive:	10. Will you have live music or DJ?
6. Estimated Attendance:	11. Is the event open to the public?
7. Specific Equipment to be brought on site:	12. Will Admission fees be charged?
	13. Will contributions be solicited?
	14. Will items be offered for sale?
	15. Will food be sold?
	For questions 11-15, describe purpose for proceeds

Description	Non Profit - Must show identification	Private Party
Facility Deposit [Subject to review]		
Hamilton Community Center	\$250.00	\$250.00
Oakdale Gym	\$1,000.00	\$1,000.00
Facility Rental Fee		
Hamilton Community Center		
Oak Room	\$50.00 per hr	\$60.00 per hr.
Maple Room	\$65.00 per hr.	\$75.00 per hr.
Oakdale Gym	\$90.00 per hr.	\$130.00 per hr.

Please complete the second page of this application

I, [print name] _____, certify that by affixing my signature hereto that [I am an authorized representative of _____], I am over twenty one (21) years of age; and that I/on behalf of said organization, I have read and understand the Arcade Creek Recreation and Park District recreation facilities' policies, rules and regulations, and terms and additional conditions if any, and that I/said organization shall abide by them. I am fully aware that the responsibility for the safety and well-being of all persons who participate or observe in said activities is mine/said organizations and I agree that the Arcade Creek Recreation and Park District, it's Board of Directors, Agents, Employees and Volunteers are released, indemnified, and held harmless from any and all claims, causes or action, losses, costs, expenses, damages, or other liabilities for personal injury, death, property loss or damage by any persons or person connected with said activities that may be sustained, caused by or alleged to have been caused by or arising out of the use of the above facility by myself/said organization. I further agree that I/said organization will leave said facility in same or better condition in which it is presented to myself/my representative/said organization. If the facility is not cleaned or damage occurs, the deposit will be used to restore the facility to the condition in which it was presented to myself/my representative/said organization. If damage exceeds the deposit amount, I/said organization will be billed for the remainder. I/said organization will be responsible for all costs incurred in the collection of those fees including collection, court and attorney fees.

I have read and fully understand the Arcade Creek Recreation and Park District Facility Guidelines and agree that my event will follow these guidelines. I further understand that failure to follow these guidelines can result in loss of my deposit or complete 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 _____

Responsible Person _____ Date _____

Signature _____

Address _____

City _____ Zip _____

Day Phone _____ Cell Phone _____

Email _____

For office use only

Deposit Paid		Date		Non-profit	Y	N
Rental Fees Paid		Date		Standing Agmnt	Y	N
Notes:				Insurance	Y	N
				Security	Y	N

Approved By _____

Date of Approval _____