



EXPO CENTER

*The City of Los Angeles, Department of Recreation and Parks in partnership with the
Friends of the EXPO Center, a non-profit Corporation*

*Roy A. Anderson Recreation Center • Exposition Park Rose Garden • LA84 / John C. Argue Swim Stadium
Ahmanson Senior Citizen Center • Child Care Center • Outdoor Amphitheater
3980 S. Menlo Avenue, Los Angeles, CA 90037 • Phone 213.763.0114 ext. 214 • Fax 213.763.3117
Email: RAP-EXPOSpecialEvents@lacity.org*

Parking Acknowledgment

The applicant expressly acknowledges that parking at the EXPO Center facilities are arranged by the California Science Center (day to day park operation) and CLASSIC PARKING (special event days) only. No oral or written information or advice given by the EXPO Center staff or authorized representative shall not permit or create any type of arrangement for parking.

The applicant must arrange and assume all responsibility for entering into the agreement with the understanding that the EXPO Center facility or its agents do not provide parking for any events held at the facility.

You also acknowledge and agree that you have read this document thoroughly and understand that any **special events** in and within Exposition Park area are beyond the control of the EXPO Center staff and its agents. The City of Los Angeles, Department of Recreation and Parks cannot be held liable for these changes and are not held liable for any inconvenience this may cause to the applicant.

Applicants Signature: _____ Date: ____/____/____

Applicants Printed Name: _____



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RETURN TO SPECIAL EVENTS

Picture Permit Application (2 hours only)

Today's Date: _____

Name of Contact Person: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Phone: _____ Fax: _____ E-mail: _____

Dates for permit:

From: _____ - To: _____ Please Circle : Mon, Tue, Wed, Th, Fri, Sat, Sun

Expected Attendance: _____ Time for permit: From: _____ To: _____

HOLD HARMLESS CLAUSE

In consideration of the City of Los Angeles Recreation and Parks Department granting permission requested herein, permittee agrees to indemnify and hold the City and its officers, agents and employees harmless from any and all claims, demands, lawsuits, actions of any kind, damages, judgments, amounts paid in settlement, costs and expenses (including attorney's fees), which may be incurred or arise out of permittee's exercise of the permission granted or from any of the permittee's activities thereto. Permittee acknowledges that it will use City facilities at its own risk and expressly waives any right to make or prosecute claims or demands against the City for any loss, injury or damage which permittee may sustain by virtue of the exercise of the permission granted or by reason of any defect, deficiency or impairment which may occur from time to time from any cause of the water supply system, drainage system, heating system, gas mains, electrical apparatus or cable furnished for the event or for any loss resulting from fire, water, tornado, civil commotion, riot, landslide, windstorm, earthquakes or other acts of God. *(Please sign below in acknowledgement of the above policy)*

Applicants

Signature: _____ Date: ____/____/____

Applicants

Name: _____ Date: ____/____/____

Printed

**PLEASE NOTE:
FILING OF THIS APPLICATION DOES NOT CONSTITUTE A PERMIT**

*Final approval is based on payment of permit fees.

***If permit fees are not received, the event is subject to cancellation.**

*EXPO Center does not provide parking for any events. All event parking must be arranged by calling (213) 744-7461. Unauthorized parking is subject to a parking violation at owner's expense.



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Facility Use Application ***This is not a permit***

Today's Date: _____

Event Information

Date(s): From: ____/____/____ To: ____/____/____ Circle : Mon Tue Wed Thu Fri Sat Sun

Name of Organization: _____

Name of Contact Person(s): _____

Address _____ City: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ E-mail: _____

Non-Profit: Yes No CS-501: Yes No Have you used our facilities before? Yes No

How did you hear about EXPO Center? _____

Number of Chairs: _____ Number of Tables: Round: _____ Rectangular: _____

Expected Attendance : _____

Time: (please include set-up and breakdown) _____ Room: _____

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Are you collecting a fee? Yes No If Yes, amount per person: \$ _____ Do you anticipate a profit? Yes No

Is your organization insured? Yes No Name and phone number: _____

* Please circle one or more below and indicate specific room to be used:

Adult/Senior Center Outdoor Amphitheater (OA) Pool(s) _____

Community Hall Rose Garden: Gazebo: A B C D Child Care Center

Multipurpose Room # 1 2 3 Location: West East Other: _____

Electrical Hookup: Yes No Mechanical amusement rides? Yes No

Inflatables? Yes No Electrical Hookup: Yes No Other? _____ Electrical Hookup: Yes No

Will there be major equipment assembled? Yes No Please explain: _____

Outdoor Events

Item	Company	Phone Number	Drop-Off Day	Time	Pick-up Day	Time
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Toilet						
Handicap Toilet						
Washbasins						
Roll off Trash bin						

Food Information

Catered Food: Yes No Name and Phone Number of Caterer: _____ Cooking vendors: How many? _____

Alcohol: Yes No Alcohol: Served _____ Sold _____ (An alcohol permit must be filled out for alcohol to be on site)

Applicants Signature: _____ Date: ____/____/____

Applicants Printed Name: _____ Date: ____/____/____

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*EXPO Center requires a minimum of six (6) weeks notice prior to the date of the event in question.

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