APPLICATION FOR USE OF FACILITIES (THIS IS NOT A PERMIT)

APPLICATION NOT SUBMITTED TWO WEEKS PRIOR TO EVENT, SUBJECT TO A $50.00 LATE PROCESSING FEE

PLEASE PRINT AND COMPLETE ITEMS 1 THRU 11 AND SIGN THE DOCUMENT (SIGNATURE OF APPLICANT)

1. Recreation Center _____

2. Name Of Organization _____ **Representative Name** _____

4. Mailing Address _____ **Zip** _____

5. Telephone **Evening** (____) _____ **Cell** (____) _____

6. Type of Event _____

7. Date and Time of Event

Day(s)	Month/Date(s)	Time(s)		
Sunday	_____	_____	to	_____
Monday	_____	_____	to	_____
Tuesday	_____	_____	to	_____
Wednesday	_____	_____	to	_____
Thursday	_____	_____	to	_____
Friday	_____	_____	to	_____
Saturday	_____	_____	to	_____

8. Charging Fee(s)? ☐ Yes ☐ No $_____ **Refreshments?** ☐ Yes ☐ No **No. Participants:** **Adult** _____ **Youth** _____

9. Facilities/Services Requested (check those which apply):

☐ Auditorium ☐ Kitchen ☐ Outdoor Area ☐ Baseball Diamond _____ ☐ Other _____

☐ Gymnasium ☐ Meeting Room ☐ Picnic Area ☐ Utility Hook-up

I0. Is this a Fundraiser? ☐ Yes ☐ No **Will catered food be served?** ☐ Yes ☐ No **Canopies/Tents?** ☐ Yes ☐ No

11. Moon Bounce ☐ Yes ☐ No **Company Name** _____

Contact Name _____ **Phone No.** _____

12. Possibility this Event may require insurance, please check with Facility Director.

This permit is issued subject to the following conditions and limitations:

1. **Waiver of damages**. Permittee hereby assumes all risk of injury, loss or damage which may result from any defective conditions of the premises or which may otherwise arise by reason of the use of City property pursuant to this agreement and releases and discharges the City of Los Angeles from any clains therefore.
2. **Indemnification**. Permittee herby agrees to defend, indemnify and hold harmless the City of Los Angeles, its officers, agencies and employees from any and all loss or liability for bodily injury, death or property damage to either party hereto or to third parties which may arise from the exercise of this permit by Permittee or its officers, agents, employees, contractors, licensees or invitees.
3. .**Restoration**. Upon termination of this permit, Permittee shall have removed all its equipment and materials from the working area and shall have restored the premises to their original condition.

I certify that all statements on this application are complete and correct.

Signature of Applicant/Permittee _____ **Date** _____

TO BE COMPLETED BY DIRECTOR IN CHARGE

APPLICATION MUST BE FILLED OUT COMPLETELY, GIVEN IMMEDIATELY TO THE DISTRICT SUPERVISOR FOR APPROVAL WITH ALL FEES PAID IN FULL OR RESERVATIONS REQUIRE AN ADVANCE DEPOSIT OF 50% OF THE TOTAL FEES (PER RATES AND FEES MANUAL). ALL APPLICATIONS ARE TO BE SUMBITTED TO THE REGION OFFICE TWO WEEKS PRIOR TO EVENT.

Facility is normally : ☐ Open ☐ Closed No of Participants : Adult _____ Youth _____

Staff Coverage Required: ☐ Yes ☐ No Hrs Needed: _____ _____ AM/PM to _____ AM/PM

Is Insurance Required : ☐ Yes ☐ No Company Name _____

Insurance Contact Name Phone No.

Fees: ☐ Regular Permit ☐ Fee Generating Permit Fee Waiver Requested? ☐ Yes ☐ No Proof of Non Profit status attached ☐ Yes ☐ No

			District Supervisor Initial
☐	Basic Room Fee (1st 3 hours)	= $ _____	
☐	No. Staff Needed _____ Need to Work _____ Hrs Each = _____ Total Staff Hrs x $ _____	= $ _____	
☐	Additional Hours Needed _____ Hrs x $ _____	= $ _____	
☐	Additional Rooms _____ x $ _____ x $ _____	= $ _____	
☐	Use of Kitchen	= $ _____	
☐	Refreshment Fee	= $ _____	
☐	Gymnasium Rental Fee _____ Hours x $ _____	= $ _____	
☐	Picnic Reservation Fee: ☐ 1-100 ☐ 101-250 ☐ 251+	= $ _____	
☐	Moon Bounce Fee	= $ _____	
☐	Rental: ☐ Chairs # _____ x $ _____ ☐ Tables # _____ x $ _____	= $ _____	
☐	Utility Hookup Fee	= $ _____	
☐	Clean-up Breakage Refundable Deposit Receipt No. _____	= $ _____	
☐	Other Charges (Explain) _____	= $ _____	
	TOTAL CHARGES:	= $ _____	
	LESS DEPOSIT: Receipt No. _____ Date _____	= $ _____	
	Balance Due By: _____ TOTAL:	= $ _____	

Approval of Director In Charge _____ Date _____

Approval of District Supervisor _____ Date _____

Note: If Event is over 100 persons or more, attached Special Event Fee Worksheet
Supervisor Please Note: For large special events (100 persons or more) contact Principal Supervisor and Superintendent.

Comments: _____