

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 AND SIGN THE DOCUMENT (SIGNATURE OF APPLICANT)

NEW RENEWAL

1. Recreation Center Norman O. Houston

2. Name Of Organization _____ Representative Name _____

4. Mailing Address _____ Zip _____

5. Telephone Evening () _____ Cell () _____ e-mail _____

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):

Outdoor Courts Picnic Area Utility Hook-up Other _____

10. 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:

- 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 claims therefore.
- Indemnification.** Permittee hereby 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.
- 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 SUBMITTED 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

No. Staff Needed _____ x Hrs Each _____ = _____ Total Staff Hrs x _____ \$ = \$ _____

Outdoor Courts Rental Fee _____ Hours x _____ \$ = \$ _____

Picnic Reservation Fee: 1-50 (\$75) 51-100 (\$100) 101-200 (\$150) 201-400 (\$250) 400+ (\$350) = \$ _____

Moon Bounce Fee (\$20) _____ = \$ _____

_____ = \$ _____

Cancellation Fee (Depends on date of cancellation) _____ = \$ _____

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 _____

Approval of Principal 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: _____

<u>Deposit Paid</u>
Amount Paid: _____
Date: _____
Receipt #: _____
Balance due: _____

<u>Balance</u>
Balance due: _____
Amount Paid: _____
Receipt #: _____
Date: _____