

Facility Rental Application and Agreement

City of La Puente ● Recreation Services Department ● Community Center and Youth Learning Activity Center

501 & 503 N. Glendora Avenue ● La Puente, CA 91744

www.lapuente.org

Permit # _____

Name: _____		Organization: _____	
Address: _____		City: _____	Zip: _____
Telephone Number: Day: () _____		Evening: () _____	
Cell Number: () _____		E-mail Address: _____	

COMMUNITY CENTER	YOUTH LEARNING ACTIVITY CENTER
<input type="checkbox"/> Workman Room	<input type="checkbox"/> Bridge Room (Entire)
<input type="checkbox"/> Citrus Courtyard	<input type="checkbox"/> Bridge Room C
<input type="checkbox"/> Rowland Room	<input type="checkbox"/> Bridge Room A
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Bridge Room A & B
<input type="checkbox"/> Walnut Room	<input type="checkbox"/> Bridge Room B
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bridge Room B & C

SMOKING IS NOT PERMITTED IN ANY CITY FACILITY AND 20 FEET FROM ANY ENTRANCE OR EXIT.

Day(s) Required: _____	
Date(s) Required: _____	
Nature of Event: _____	(If a birthday, note age of celebrant): _____ Estimated Attendance: _____
Hours Requested (Clean-up time is immediately after reservation time. No time break allowed.)	
Set-up: From _____ am/pm to _____ am/pm (3 hours maximum prior to reservation)	Event: From _____ am/pm to _____ am/pm (2 hour minimum)
Clean-up: From _____ am/pm to _____ am/pm (1 hour minimum)	
Will the event include musical entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> Band <input type="checkbox"/> DJ <input type="checkbox"/> Radio/CD Player <input type="checkbox"/> _____	
Will the event be open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this be a fund-raising event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how will the proceeds be used? _____	
Will the event be catered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Caterer Information form.	

I, the undersigned, on behalf of the above organization, do hereby agree to indemnify and hold harmless the City of La Puente, its elected officials, its officers, agents, and employees from any liability, claim, or action for damages resulting from, or in any way arising out of, the use of the facility or equipment, and will agree to abide by and enforce the rules, regulations, and policies governing the facility as set forth by the City of La Puente. Said applicant will accept all responsibility for any damages to premises, furniture, equipment, or grounds resulting from use of the facility. I have read and agree to comply with the Facility Rules and Regulations and the Cancellation Policy.

Signature of Applicant _____ **Date** _____

OFFICE USE ONLY

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	SIGNATURE _____	DATE _____
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Set Up / Decorating Fee	\$ _____	x _____	Hours	\$ _____
Hourly Fee	\$ _____	x _____	Block(s) of _____	Hours \$ _____
Additional Hourly Fee	\$ _____	x _____	Hours	\$ _____
Non-Resident Fee	\$ _____	x _____	Hours	\$ _____
Clean Up	\$ _____	x _____	Hours	\$ _____
TOTAL				\$ _____
Security Deposit	\$ _____	Date Paid	_____	
Insurance	\$ _____	Due Date:	_____	
PAYMENT #1	Date _____	Receipt _____	Payment \$ _____	Balance \$ _____
PAYMENT #2	Date _____	Receipt _____	Payment \$ _____	Balance \$ _____
PAYMENT #3	Date _____	Receipt _____	Payment \$ _____	Balance \$ _____
Balance Due by _____				

Calendar Computer Letter _____ Insurance Certificate _____ Layout _____ Cancelled _____ Refund _____