

COMMUNITY SERVICES DEPARTMENT

Arrillaga Family Gymnasium Reservation Form

701 Laurel Street, Menlo Park, CA 94025 (p) 650.330.2220 (f) 650.330.2242



Organization Name:		Contact Name:	
Address:		City:	State: Zip:
Home Phone:		Alternate Phone:	
E-mail Address:		Insurance Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Estimate Attendance:		Type of Use:	

Location <small>(Court 1 or 2, Conference Room)</small>	Day	Date	Start Time	End Time	Total Hours
TOTAL HOURS					
HOURLY RENTAL RATE					\$
TOTAL RENTAL FEES					\$
DEPOSIT AMOUNT		\$	DEPOSIT DUE DATE		/ /
BALANCE AMOUNT		\$	BALANCE DUE DATE		/ /

I hereby certify and agree that I shall be personally responsible on behalf of myself/organization for any damage sustained by the facility, equipment, or premises as a result of the occupancy of said facility by my group/organization. Approval is dependent upon the intended use, availability and the applicant's agreement to facility rental terms. The City of Menlo Park is not responsible for arrangements made and expenses incurred if your application is not approved. I hereby waive, release, discharge and agree to indemnify, defend and hold harmless the City, its officers, employees, and agents from and against any and all claims by any person or entity, demands, causes of action or judgments for personal injury, death, damage or loss of property, or any other damage and/or liability occasioned by, arising out of, or resulting from this reservation or use of the facilities. I hereby declare that I have read and understand and agree to abide by and to enforce the rules, regulations, and policies affecting the use of the facilities.

Signature of Applicant

Approved by (Signature of Supervisor)

Date

Date

Payment Information

Cash Check Visa Mastercard

Account # _____ Exp. _____ Account Holder Name _____

I agree to pay the above charges and authorize the City of Menlo Park to charge these costs to my credit card.

Authorized Signature: _____

Please make all checks payable to: City of Menlo Park. **Note: There is a \$30 charge for returned checks.**

Office Use Only:	Deposit:	R# _____	Date _____	Processed By _____
	Final Payment:	R# _____	Date _____	Processed By _____
<input type="checkbox"/> Entered into Gym Schedule <input type="checkbox"/> Insurance Provided <input type="checkbox"/> Application Complete				