

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

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"/> Citrus Courtyard <input type="checkbox"/> Rowland Room <input type="checkbox"/> Gymnasium <input type="checkbox"/> Walnut Room <input type="checkbox"/> Kitchen	<input type="checkbox"/> Bridge Room (Entire) <input type="checkbox"/> Bridge Room C <input type="checkbox"/> Bridge Room A <input type="checkbox"/> Bridge Room A & B <input type="checkbox"/> Bridge Room B <input type="checkbox"/> Bridge Room B & C

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

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	\$ _____
Security Deposit	\$ _____			\$ _____
			TOTAL	\$ _____
SECURITY DEPOSIT	Date _____	Receipt _____	Payment \$ _____	Balance \$ _____
PAYMENT	Date _____	Receipt _____	Payment \$ _____	Balance \$ _____
Balance Due by _____				

<input type="checkbox"/> Calendar	<input type="checkbox"/> Computer	<input type="checkbox"/> Letter _____	<input type="checkbox"/> Layout _____	<input type="checkbox"/> Cancelled _____	<input type="checkbox"/> Refund _____
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