

**City of San Gabriel
Parks and Recreation Department**

APPLICATION FOR USE OF ADULT CENTER

Date of Application: _____

Responsible Party: _____

Name of Organization: _____

Address: _____ / _____ / _____
(Street) (City) (Zip)

Home Phone Number: _____ Work Number: _____ Cell Number: _____

Request Use Of: _____ Grapevine Room _____ Padillo Room _____ Kitchen
_____ Grapevine Park _____ Tent Area _____ Lounge

Purpose of Rental: _____

Date/Dates of Facility Use: _____

Hours of Use (including set-up): _____ to _____ Anticipated Attendance: _____

Equipment Needed: Chairs _____ Banquet Tables _____ Card Tables _____ P.A. System _____
Podium _____ Piano _____ Portable Bar _____ Coffee Pot _____ Screen _____
Other _____

I have read the Rules and Regulations pertaining to facility use and will be present and responsible for their enforcement. I certify that all the above statements are true and correct. I understand that any misstatement or omission of a material fact may be sufficient cause for cancellation of use of the building. I am aware that all fees are due and payable 30 days in advance of activities.

Signed: _____ Date: _____

*****FOR OFFICE USE ONLY*****

Date Received: _____ Application Approved: _____ Application Denied: _____

FEES: Application Deposit:	\$ _____	
(S250 Required)		
Security/Cleaning Deposit:	\$ _____	
(S250 Required)		
Facility Fee	\$ _____	_____
Supervisor Fee	\$ _____	Director of Parks and Recreation
Other	\$ _____	_____
TOTAL	\$ _____	Date