



CITY of CALABASAS

City of Calabasas
Community Services Department
100 Civic Center Way, Calabasas, CA 91302
Phone:(818)224-1600 Fax: (818)225-7340

REQUEST FOR USE OF FACILITIES OR PROPERTY

CALABASAS CIVIC CENTER FACILITY USE APPLICATION

****REQUESTS ARE NOT FINAL UNLESS APPROVED AND CONFIRMED BY DEPARTMENT STAFF.**

Date of Request: _____

PRIVATE INDIVIDUAL EVENT INFORMATION

Name of Responsible Party: _____
Address: _____ City: _____ Zip: _____
Phone: (Home): _____ (Work): _____ (Cell): _____
Email Address: _____

ORGANIZATION/COMPANY EVENT INFORMATION

Name of Organization/Company: _____
Contact Person: _____ Title: _____
Address: _____ City: _____ Zip: _____
Phone: (Office) _____ Ext: _____ (Cell): _____ (Fax): _____
Email Address: _____
NOTE: If claiming non-profit status, please attach appropriate documentation for verification purposes.

FACILITY REQUEST/EVENT INFORMATION

Requested Use Date (s): _____ Day(s) of Week: _____
Start Time: _____ am/pm End Time: _____ am/pm Total Hours of Event: _____ (Rentals receive 30 minutes set-up & breakdown at no additional cost).
Type of Event: _____
Please Circle the Areas Requested:
Founders Hall & Multi-Purpose Room Founders Hall 2/3 Room Plaza Area Amphitheater
Optional Additions:
Will food be served? _____ Will alcohol be served? _____ Caterer: _____
Audio Visual Equipment: \$50 flat fee (please check what you require)
Dvd Player _____ Podium with Wired Microphone _____ Wall Screen Projector _____ Input for Laptop (must provide own laptop/PC connection ONLY) _____
Activities/Entertainment Planned: _____
NOTE: All third party entertainment/vendors must supply insurance prior to the event or they cannot access city properties. (Please see rental requirements).

Insurance: Please see rental requirements for insurance verification, which must be received within (14) business days prior to your event.
Insurance to be provided by: _____ Own Policy _____ Organization/Company _____ Purchase through City of Calabasas

RELEASE AND INDEMNIFICATION AGREEMENT

Important – read thoroughly before signing:

The applicant is solely responsible for any damage, loss, accident or injury to persons or property resulting from the use of the City of Calabasas' facility. Applicant shall be responsible for control and supervision of the people in attendance during the use of the facility and shall see that no damage is done to furnishings, fixtures or any part of the facility. Any violation of the Rules & Regulations can result in a denial of further permits and, in case of damage to a facility, financial reimbursement by the undersigned applicant. I, the undersigned, have received and read a copy of the Rules and Regulations concerning the use of City facilities and agree to comply with them. I, or my representative, agree to be present during the entire period of use of the facility by the applicant organization. In consideration of the City of Calabasas permitting the use of its facilities, I individually and on behalf of my successors, heirs, administrators and assigns, agree to hold harmless, indemnify and release the City, its governing board, employees, officers and agents from any and all actions, demands and/or claims for damage or injury, including claims for negligence which may arise from or in connection with the use of said facilities. Furthermore, I hereby agree that the City of Calabasas, its employees or officers may act in an emergency as best fits the situation if efforts to contact me or any other responsible person fail.

Signature of Applicant **Must be 21 years of age or older.**

Date



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FOR DEPARTMENT USE ONLY	
Application Status: Approved _____ Denied _____	
Dept. Authorized Signature: _____ Date: _____	
Reason, if Denied: _____	

<u>Charges</u>	<u>Hours</u>	<u>Fee/Rate</u>	<u>Total</u>	<u>Date Payment Received</u>
Refundable Security Deposit				
Rental Fee				
Audio Visual Equipment				
Other Charges				

FORM OF PAYMENT	
_____ Cash	_____ Check (Check #) _____
_____ Credit Card (Type) _____ Visa _____ MC (Card #) _____	
Name on Credit Card: _____ Expiration Date: _____ Zip: _____	

INSURANCE	
Insurance to be provided by:	
_____ Own Policy _____ Organization/Company Date Received: _____ Approved: _____	

PURCHASE INSURANCE THROUGH CITY OF CALABASAS

Date Purchased: _____ Amount Paid: _____

FORM OF PAYMENT	
_____ Cash	_____ Check (Check#) _____
_____ Credit Card (Type) _____ Visa _____ MC (Card #) _____	
Name on Credit Card: _____ Expiration Date: _____ Zip: _____	

FACILITY INSPECTION	
Date Facility Inspected: _____	
Damage Assessment: _____	
Facility Staff Signature: _____ Date: _____	

DEPOSIT ADJUSTMENT	
Extension Hours: _____ Extension of Personnel: _____	
Extension of Equipment: _____	
Facility Damage: _____	
Date of Deposit Mailed Back: _____	