



## TOWN OF DISCOVERY BAY COMMUNITY SERVICES DISTRICT

# FACILITY RENTAL & USE PERMIT APPLICATION

### CONTACT INFORMATION

Name/ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### REQUESTED LOCATION

#### COMMUNITY CENTER

☐ Art Room, Maximum Occupancy 35

☐ Swimming Pool

☐ Multi-Purpose Room, Maximum Occupancy 35

☐ Event Lawn Area

☐ BBQ Area

☐ Tennis Courts      Number of Courts: \_\_\_\_\_ Court No. ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

☐ Pickleball Courts      Number of Courts: \_\_\_\_\_ Court No. ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

### EVENT INFORMATION

Date Submitted: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Type: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Set up Times: \_\_\_\_\_ to \_\_\_\_\_ Actual Event Times: \_\_\_\_\_ to \_\_\_\_\_ Take down/Clean-up: \_\_\_\_\_ to \_\_\_\_\_

Will food be served?      ☐ Yes ☐ No

If yes, by whom? \_\_\_\_\_

Will there be decorations?      ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

Will the event be open to the public?      ☐ Yes ☐ No

Will an admission fee be charged?      ☐ Yes ☐ No

If yes, purpose of fee: \_\_\_\_\_

☐ Jump House – If yes, name of company \_\_\_\_\_ Phone number \_\_\_\_\_

☐ No Alcohol \_\_\_\_\_ ☐ No Food Trucks/Carts \_\_\_\_\_

Initials

Initials

If alcohol is on site, this may be reason to forfeit deposit \_\_\_\_\_

Signature

Description of event: \_\_\_\_\_

**\*\*NO ALCOHOL ALLOWED\*\***

**\*\*PLEASE NOTE THAT WE ARE NOT A BANQUET FACILITY AND DO NOT HAVE A KITCHEN\*\***

### FEE(S) / DEPOSIT(S) / CANCELLATIONS

The rental fee and deposit are due the day you make your reservation. The rental fee may be paid by Visa, Mastercard, check or money order. The deposit is required to be paid separately from the rental fee by check or money order made payable to the "Town of Discovery Bay CSD."

Cancellations: Park Rental cancellations occurring five (5) business days or more prior to the event will be refunded all fees and deposits. Cancellations occurring four (4) business days or less prior to the event will forfeit all applicable fees but be refunded all of the deposit.

Cancellation for indoor Facility Rentals at the Community Center occurring sixty (60) days or more prior to the event will be refunded all fees and deposits. Cancellations less than sixty (60) days, but more than thirty (30) days prior to the event date will forfeit 25% of the total fees. Cancellations less than thirty (30) days prior to the event date, but more than fifteen (15) days prior to the event date will forfeit 50% of the total fees. Cancellations occurring less than fifteen (15) days prior to the event date will forfeit all applicable fees. In all cases of cancellation, the deposit shall be returned.

There is a CANCELLATION PROCESSING FEE on ALL cancelled reservations. The processing fee is equal to 50% of your Rental Fee, or \$35; whichever is less.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### WAIVER, RELEASE & INDEMNITY AGREEMENT

Waiver, Release and Indemnity Agreement: The person signing this Agreement warrants that he/she has the authority to execute this Agreement or on behalf of the Organization/Group and that he/she or the Organization/Group will be bound to the terms of the Agreement by such signature. I hereby understand this application is to request usage of a Facility and accept personal responsibility for damage sustained and/or cost incurred by the Town of Discovery Bay CSD because of the occupancy of said premises by myself or my Organization/Group. I, or my Organization/Group, agree to fully reimburse the Town of Discovery Bay CSD for any damage arising from the use of said Facility, and costs and/or attorneys' fees, if any, incurred in collection. I have received, read and fully understand the rules, regulations and policies for use of the Facility. I agree to abide by, inform my Organization/Group, and enforce the rules, regulations and policies of the Town of Discovery Bay CSD governing the use of the Facility. I understand and agree that failure to abide by the rules, regulations and policies of the Town of Discovery Bay CSD shall result in the immediate loss of privileges of use of the Facility and/or privileges for future use. I also agree to hold the Town of Discovery Bay CSD, its officers, employees, the individual members thereof, agents, and volunteers, harmless from any damage, liability, cost or legal expense that may arise during or be caused in any way by such use or occupancy of the Facility. I agree that this Waiver, Release and Indemnity Agreement is binding on my heirs and assigns.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For Accounting Use Only

Rental Rate: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_ Deposit Ck # \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Date Rental Fee Paid: \_\_\_\_\_ ☐ Ck # \_\_\_\_\_ ☐ Cash ☐ Credit Card

Total: \_\_\_\_\_ Insurance Required? \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Fee Waiver Approval by Town General Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Note any Pre-existing damage to the area: \_\_\_\_\_

### POST EVENT INSPECTION

**Note any damage or cleaning needed to the premises:**

Deposit Amount: \_\_\_\_\_

Cost of Cleaning: \_\_\_\_\_

Cost on Damages: \_\_\_\_\_

Deposit Returned: \_\_\_\_\_

Staff Signature: \_\_\_\_\_  
Renter Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_