

FACILITY RENTAL CONTRACT

Community Services
701 Laurel St., Menlo Park, CA 94025
tel 650-330-2200
fax 650-324-1721



Facility (please check)					
<input type="checkbox"/> Arrillaga Family Recreation Center <input type="checkbox"/> Onetta Harris Community Center <input type="checkbox"/> Menlo Park Senior Center <input type="checkbox"/> Arrillaga Family Gymnastics Center <input type="checkbox"/> Arrillaga Family Gymnasium					
Renter's contact information					
Name:			Organization:		
Address:			City:	State:	Zip:
Primary phone:			Secondary phone:		
Email:					
Event information					
Event description:			Estimated attendance:		
Alcohol: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of alcohol: <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Champagne		# of security guards:	
Outdoor furniture use: <input type="checkbox"/> Yes <input type="checkbox"/> No		Tables:		Chairs:	
Room rental information					
Room name	Date	Start time	End time	Total hours	Cost per hour
Total rental fees					
Deposit: <input type="checkbox"/> \$250		Alcohol deposit: <input type="checkbox"/> \$250		Cleaning fee: <input type="checkbox"/> \$115 Outdoor furniture fee:	
Total rental fees:					
Paid deposit amount:		Remaining balance:		Balance due date:	
Renter agreement					
I hereby certify and agree that I shall be personally responsible on behalf of myself/organization for any damages sustained by the facility, furniture, or equipment, as a result of the occupancy of said facility by my group/organization. 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 judgements 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.					

Renter's signature

Date

Administrator's signature

Date

OFFICE USE ONLY:

Deposit: ☐ Cash ☐ Check ☐ Card **R#:** _____ **Date:** _____ **Processed by:** _____

Partial Payment: ☐ Cash ☐ Check ☐ Card **R#:** _____ **Date:** _____ **Processed by:** _____

Final Payment: ☐ Cash ☐ Check ☐ Card **R#:** _____ **Date:** _____ **Processed by:** _____

☐ Insurance ☐ Proof of Security ☐ Proof of 501c3 ☐ Application Complete