



City of Watsonville
Parks and Community Services Department
231 Union Street, Watsonville, CA 95076
(831) 768-3240
www.watsonvillerec.com

FACILITY RENTAL APPLICATION

Facility:

- | | |
|--|---|
| <input type="checkbox"/> Callaghan Cultural Center | <input type="checkbox"/> Ramsay Park Family Center |
| <input type="checkbox"/> Gene Hoularis & Waldo Rodriguez Youth Center | <input type="checkbox"/> Marinovich Community Center |
| <input type="checkbox"/> Veterans Memorial Building | <input type="checkbox"/> Enterprise Community Computer Center |
| <input type="checkbox"/> Muzzio Park Community Center | <input type="checkbox"/> Marinovich Computer Center |
| <input type="checkbox"/> Civic Plaza (Choose one or more below) | <input type="checkbox"/> Picnic Area _____ |
| <input type="checkbox"/> Community Room <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Kitchen | AV System: <input type="checkbox"/> Visual <input type="checkbox"/> Microphones |

Proposed Dates and Times of Use:

Rental Date(s): _____
Multiple rental dates require separate contracts for each date requested.

Set-up Time: Date ___/___/___, _____ m to _____ m

Event Time: Date ___/___/___, _____ m to _____ m

Clean up: Date ___/___/___, _____ m to _____ m

Set-up Time: Date ___/___/___, _____ m to _____ m

Event Time: Date ___/___/___, _____ m to _____ m

Clean up: Date ___/___/___, _____ m to _____ m

Set-up Time: Date ___/___/___, _____ m to _____ m

Event Time: Date ___/___/___, _____ m to _____ m

Clean up: Date ___/___/___, _____ m to _____ m

Rental Purpose: _____

Briefly Describe: _____

Estimated attendance: Adults _____ Youth _____ Total Estimated Attendance _____

Applicant Information:

Today's Date: _____

Name of Organization: _____

Name of Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Business #: _____ Message #: _____

Email: _____

Is the applicant a 501(c)(3) organization? Yes ___ No ___

If yes, please provide the EIN _____

Is the applicant a governmental agency (City, County, State or Federal)? Yes ___ No ___

Is the applicant a business/promoter? Yes ___ No ___

If yes, provide City of Watsonville Business License #: _____

Equipment Request:

Are tables and chairs needed? Yes _____ No _____
If yes, How many? Tables _____ Chairs _____

Rental Information:

Is the event open to the public? Yes ____ No ____
Is this event a fundraiser? Yes ____ No ____
Will admission, dues, fees, donation or charges be collected? Yes ____ No ____
If yes, purpose of the fee: _____ *Price of admission:* \$ _____
Will items be sold? Yes ____ No ____
If yes, what type? _____ Business License # _____
Will decorations be used? Yes ____ No ____
If yes, what type _____
Will food be served? Yes ____ No ____
Will alcohol be served? Yes ____ No ____
Will alcohol be sold? Yes ____ No ____
If yes, ABC License Holders Name & # _____
Will there be entertainment? Yes ____ No ____
If yes, what type? _____
Will there be music? Yes ____ No ____
If yes, amplified? Yes ____ No ____

It is understood and agreed that the applicant assumes all risks for loss, damage, liability, injury, cost, or expense that may arise during or be caused in any way by such user or occupancy of the facilities of the City of Watsonville; the applicant further agrees that in consideration of being permitted to use said facilities the applicant and their guests/attendees will hold harmless from any loss, claim and liability or damages, and/or injuries to persons or property that in any way may be caused by applicant's and their guests/attendees use or occupancy of said facilities.

I, the undersigned, hereby certify that I will be personally responsible for any damage sustained on the grounds, building, furniture, or equipment occurring through the occupancy of said facilities by the Applicant or their guests/attendees.

I, the undersigned, have read, and agree to abide by the rules and regulations for the facility use as listed on supplementary materials.

No smoking allowed at any City parks or facilities.

Applicant Signature: _____ Date: _____

OFFICIAL USE ONLY:

Date Application was received: _____
The application is complete: Yes ____ No ____
The date requested is available: Yes ____ No ____
Deposit was paid in full: Yes ____ No ____
Rental request was placed on the facility calendar: Yes ____ No ____

Notes: _____

Staff Signature