



East San Gabriel Valley Japanese Community Center, Inc.

1203 West Puente Avenue, West Covina, California 91790
P. O. Box 282 West Covina, California 91793

Tel: (626) 960-2566
(626) 337-9123
Fax: (626) 960-0866

FACILITY USE APPLICATION

Name of Event: _____

Sponsor/ Organization: _____ Telephone: _____

Contact Person: _____ Telephone: _____

Mailing Address: _____

- ESGVJCC Member
- Private Renter

City _____ State _____ Zip _____

Day/Date of Event _____

Hours of Event: _____ to _____

Set-up Time: _____ to _____

Rehearsal Time: _____ to _____

Security requested: Yes No

How Many : _____ Hours: _____

Estimated Attendance: _____

AREA REQUESTED
<input type="checkbox"/> Gym
<input type="checkbox"/> Social Hall
<input type="checkbox"/> Kitchen
<input type="checkbox"/> Dining Room
<input type="checkbox"/> Classrooms
<input type="checkbox"/> Entire premises
<input type="checkbox"/> Other (specify) _____

Please describe the type of event and program: (use separate sheet if necessary) _____

Equipment Requested: _____

Describe any equipment/decorations that may be brought onto the premises: _____

Will Caterers be used? Yes No If yes, Name: _____

Contact Person: _____ Phone Number: _____

Will alcoholic beverages be served? Yes No Served by: _____
Hours of service: _____ to _____

Completion of this application does not constitute a confirmed facility reservation. Only after a rental contract has been executed and a deposit received can a rental request be considered a confirmed reservation.