



COMMUNITY ROOM RESERVATION FORM

8000 Sunset is proud to provide a Community Room to non-profit organizations at no charge*. The room can accommodate a maximum of 65 persons and is allocated on a first-come, first-served basis. Organizations using the Community Room must follow the rules and regulations set forth by Property Management. Failure to comply with the rules and regulations may result in an organization losing its privilege of using the Community Room. Interested organizations should complete this form and email or fax it to Property Management:

Weingarten Nostat, Inc
6735 Westminster Boulevard, Suite B
Westminster, CA 92683
714-653-7300 O
714-899-6898 F
lvargas@weingarten.com

ORGANIZATION NAME _____

CONTACT _____

EMAIL _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____

STATE _____

ZIP CODE _____

PHONE _____

FAX _____

MOBILE PHONE _____

DAY OF MEETING: ☐ MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT ☐ SUN

DATE REQUESTING (SUBJECT TO AVAIL): _____ TIME (SUBJECT TO AVAIL): _____
START TIME END TIME
☐ AM ☐ PM ☐ AM ☐ PM

ANTICIPATED ATTENDANCE: _____ (NOTE: 65 PERSONS MAX)

COMMENTS/SPECIAL REQUEST: _____

*Though 8000 Sunset provides the community room at no charge, depending on the type of event held, your reservation may require a \$50 refundable cleaning deposit subject to the discretion of 8000 Sunset Property Management.

WAIVER OF LIABILITY: By signing this document, I agree that Weingarten Nostat, Inc shall not be liable for any use to which the premises are put by this organization, or any damage either to person or property because of any Injury, loss of life, loss or damage to or total destruction of merchandise or property resulting from such use. All personal property on the premises shall be there at the risk of the organization, and Weingarten Nostat, Inc shall not be liable for any damage thereto or the theft thereof. Prior to executing this form the organization is required to provide a Certificate of Insurance providing general liability insurance, in the amount of \$1,000,000 per occurrence naming Weingarten Nostat, Inc as an Additional Insured and a Waiver of Subrogation is to be provided. I have received and read the community room rules and regulations and as a representative of the organization requesting meeting room use, I agree to abide by these rules and regulations and give waiver of liability. By acting as the representative, I understand that I may be held responsible for charges or damages incurred by the organization.

REPRESENTATIVE SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

RESERVATION: ☐ APPROVED ☐ NOT APPROVED ☐ RESCHEDULED

CLEANING DEPOSIT: REQUIRED ☐ NO ☐ YES, PAID\$ _____ PM SIGNATURE: _____ DATE: _____