



**Carmichael Recreation and Park District Office**  
 5750 Grant Ave. Carmichael, CA 95608  
 Phone: (916) 485-5322 Fax: (916) 485-0805  
 info@carmichaelpark.com

**La Sierra Community Center Recreation Office**  
 5325 Engle Rd. #100 Carmichael, CA 95608  
 Phone: (916) 483-7826 Fax: (916) 483-7861  
 Isoffice@carmichaelpark.com

**Facility Use Application & Permit**

Resident  Non-Resident   
 Non-Profit

**INFORMATION**

Facility Requested: \_\_\_\_\_

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Are you 18 years old? Y / N

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Yes, I want to receive the monthly email newsletter from Carmichael Recreation & Park District with information on upcoming community events, programs and classes.

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Application on behalf of:  Individual  Organization  Business

Non-Profit:  Yes  No *(If yes, submit copy of 501 c(3) letter)*

Name of Organization: \_\_\_\_\_  
*(if applicable)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Issue Deposit Refund to:  Applicant  Organization  Other *(fill out below)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Primary phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**RENTAL INFORMATION**

Rental Date(s): \_\_\_\_\_ Day(s) of Week:  Su  M  T  W  Th  F  Sa

Approximate Attendance: \_\_\_\_\_ Type of Event: \_\_\_\_\_ *(No Live Bands)*

Set-up Time: \_\_\_\_\_ Event Start: \_\_\_\_\_ Event End Time: \_\_\_\_\_ Renter Exit: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS: (Check One)**

	<u>Yes</u> <u>No</u>
Will alcohol be served? <i>(If yes, \$50 surcharge)</i>	<input type="checkbox"/> <input type="checkbox"/>
Will alcohol be sold? <i>(If yes, ABC permit required)</i>	<input type="checkbox"/> <input type="checkbox"/>
Will there be amplified sound?	<input type="checkbox"/> <input type="checkbox"/>
Specify: _____	

*(Please refer to Facility Rental Policy, Amplified Sound )*

<b>For picnic/park sites only:</b>	<u>Yes</u> <u>No</u>
Will you be renting porta-potties?	<input type="checkbox"/> <input type="checkbox"/>
Will you be renting an inflatable attraction? <i>(If yes, \$25 vendor fee)</i>	<input type="checkbox"/> <input type="checkbox"/>

Additional Items Requested: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INDEMNITY AND HOLD HARMLESS CLAUSE**

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Applicant/User agrees to be solely responsible for any and all liability, claims, loss, demands, damages, costs and expenses, including attorney's fees, arising out of or resulting from any injury to persons or damage to property which arise out of its use of District facilities. Applicant/User agrees to defend, indemnify and hold harmless the District, its officers, agents, employees and volunteers against any and all such claims, demands, causes of action, suits and expenses, whether or not any such claim or action is alleged to have been caused in part by District as a party indemnified hereunder.

\_\_\_\_\_(User Initial) I have been given a copy of, or electronic link, to the Rental Facility Policy. I acknowledge that I am responsible for reading and abiding all terms outlined in the policy, all of the conditions of this application and any contract or permit issued based on this application.

By: \_\_\_\_\_  
 SIGNATURE OF PERMITTEE OR AUTHORIZED GROUP REPRESENTATIVE

Name Printed: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Security Officers Required:    Yes    No      Security Agency: \_\_\_\_\_

ABC Permit Required?:    Yes    No      Insurance Certificate/ Policy#: \_\_\_\_\_

Set-up hours: \_\_\_\_\_ Set-up Fee: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Event Hours: \_\_\_\_\_ Event Fee: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Items	Receipt #	Amount
Deposit	#	\$
Room Rental	#	\$
Security	#	\$
Alcohol/Other (Fees)	#	\$
District Insurance	#	\$

Total Fees Due By: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_