



**TOWN OF DISCOVERY BAY COMMUNITY SERVICES DISTRICT**

**FACILITY RENTAL & USE PERMIT APPLICATION**

**REQUESTED LOCATION**

**COMMUNITY CENTER**

- Reception Area, Maximum Occupancy 80
- Multi-Purpose Room, Maximum Occupancy 35
- Arts/Meeting Room, Maximum Occupancy 35
- Swimming Pool, Maximum Occupancy 143
- Entire Building (Indoors Only), Maximum Occupancy 150
- Entire Facility (Indoors/Outdoors) NO POOL, Maximum Occupancy 500
- Entire Facility (Indoors/Outdoors) W/Pool, Maximum Occupancy 500
- Outdoor Only W/ Pool, Maximum Occupancy 250

Date Submitted: \_\_\_\_\_ Event Date: \_\_\_\_\_  
 Event Type: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_  
 Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**CONTACT INFORMATION**

Name/ Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Main Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Secondary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EVENT INFORMATION**

Will food be served?  Yes  No If yes, by whom? \_\_\_\_\_  
 Will there be decorations?  Yes  No If yes, describe: \_\_\_\_\_  
 Will alcohol be served?  Yes  No  
 Will alcohol be sold?  Yes  No  
 Will the event be open to the public?  Yes  No  
 Will an admission fee be charged?  Yes  No If yes, purpose of fee: \_\_\_\_\_

**FEE(S) / DEPOSIT(S) / CANCELLATIONS**

The rental fee is due a minimum of thirty (30) days before the rental, or at the time of application approval if approved with less than 30 days to event date. The fee may be paid by Visa, Mastercard, check or money order. The damage deposit is required to be paid separately from the rental fee by check or money order made payable to "The Town of Discovery Bay CSD."

**FEE(S) / DEPOSIT(S) / CANCELLATIONS**

Rental: Total Hours: \_\_\_\_\_ x Hourly Rate: \_\_\_\_\_ - Discounts \_\_\_\_\_ = Total Fee: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Check # \_\_\_\_\_

CANCELLATION POLICY for Facility Rentals; I acknowledge the following fees for cancellation of my reservation(s): \_\_\_\_\_ **(Applicant Signature)**

There is a CANCELLATION PROCESSING FEE on ALL cancelled reservations. The processing fee is equal to 50% of your Rental Fee, or \$35; whichever is less.

In ADDITION to the processing fee, penalties for late cancellations apply as follows: Cancellations occurring 60 days or more prior to event: No Penalty/Cancellation Processing Fee Only Cancellations occurring between 30 to 59 days prior to event: 25% of Rental Fee + Cancellation Processing Fee Cancellations occurring less than 15 days prior to event: 100% of Rental Fee. In all cases of Cancellation, the Deposit will be returned.

**WAIVER, RELEASE & INDEMNITY AGREEMENT**

Waiver, Release and Indemnity Agreement: The person signing this Agreement warrants that he/she has the authority to execute this Agreement or on behalf of the Organization/Group and that he/she or the Organization/Group will be bound to the terms of the Agreement by such signature. I hereby understand this application is to request usage of a Facility and accept personal responsibility for damage sustained and/or cost incurred by the Town of Discovery Bay CSD because of the occupancy of said premises by myself or my Organization/Group. I, or my Organization/Group, agree to fully reimburse the Town of Discovery Bay CSD for any damage arising from the use of said Facility, and costs and/or attorneys' fees, if any, incurred in collection. I have received, read and fully understand the rules, regulations and policies for use of the Facility. I agree to abide by, inform my Organization/Group, and enforce the rules, regulations and policies of the Town of Discovery Bay CSD governing the use of the Facility. I understand and agree that failure to abide by the rules, regulations and policies of the Town of Discovery Bay CSD shall result in the immediate loss of privileges of use of the Facility and/or privileges for future use. I also agree to hold the Town of Discovery Bay CSD, its officers, employees, the individual members thereof, agents, and volunteers, harmless from any damage, liability, cost or legal expense that may arise during or be caused in any way by such use or occupancy of the Facility. I agree that this Waiver, Release and Indemnity Agreement is binding on my heirs and assigns.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR DISTRICT USE ONLY**

Rental Rate: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_ Deposit Ck # \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Date Rental Fee Paid: \_\_\_\_\_  Ck # \_\_\_\_\_  Cash  Credit Card

Total: \_\_\_\_\_ Insurance Required? \_\_\_\_\_

Note any Pre-existing damage to the area: \_\_\_\_\_

**POST EVENT INSPECTION**

Note and damage or cleaning needed to the premises:

\_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Cost on Damages: \_\_\_\_\_

Cost on Cleaning: \_\_\_\_\_

Deposit Returned: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Renter Signature: \_\_\_\_\_ Date: \_\_\_\_\_