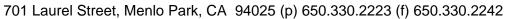
## **COMMUNITY SERVICES DEPARTMENT**

## Sharon Park Rental Form





Organization Name:			Contact Name:				
Address:			City:	State			Zip:
Home Phone:			Alternate Phone:				
E-mail Address:			Insurance Required: Yes □ No □				
Estimate Attendance:			Type of Use:				
Date Day Start Time End Time Total H						tal Haura	
Date	Day	Si	art rime	ne End Time		Total Hours	
				TOTALLI	21.100		
TOTAL HOURS							
TOTAL RENTAL FEES   \$							
agents from and against any and all claims by any person or entity, demands, causes of action or judgments for person injury, death, damage or loss of property, or any other damage and/or liability occasioned by, arising out of, or resulting this reservation or use of the facilities. I hereby declare that I have read and understand and agree to abide by and to enforce the rules, regulations, and policies affecting the use of the facilities.  Signature of Applicant  Approved by (Signature of Supervisor)						resulting from  / and to	
 Date			 Date				
Date							
Payment Information  Cash Check Visa Mastercard  Account # Exp Account Holder Name  I agree to pay the above charges and authorize the City of Menlo Park to charge these costs to my credit card.  Authorized Signature:  Please make all checks payable to: City of Menlo Park. Note: There is a \$30 charge for returned checks.							
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☐ Entered into Schedule					0003360		

Updated: 12/01/2010