

ARRILLAGA FAMILY GYMNASIUM RESERVATION FORM

Community Services
Arrillaga Family Gymnasium
600 Alma St., Menlo Park, CA 94025
tel 650-330-2220 fax 650-330-2242



Rented to:					
Organization:			Contact:		
Phone:			Email:		
Address:			City:	State:	Zip:
Type of Use:			Estimate Attendance:		
Rental of:					
Location (Court 1 or 2, Conference Room)	Day	Date	Start Time	End Time	Total Hours
Deposit due date: / /				Total Hours:	
Balance due date: / /				Hourly Rental Rate: \$	
Deposit amount: \$				Total Rental Rate: \$	
Agreement					
<p>I hereby certify and agree that I shall be personally responsible on behalf of myself/organization for any damage sustained by the facility, field, equipment, or premises as a result of the occupancy of said facility by my group/organization. Approval is dependent upon the intended use, availability and the applicant's agreement to facility rental terms. The City of Menlo Park is not responsible for arrangements made and expenses incurred if your application is not approved. I hereby waive, release, discharge and agree to indemnify, defend and hold harmless the City, its officers, employees, and agents from and against any and all claims by any person or entity, demands, causes of action or judgments for personal injury, death, damage or loss of property, or any other damage and/or liability occasioned by, arising out of, or resulting from 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.</p>					

Signature

Date

Payment information	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Please make all checks payable to: City of Menlo Park. Note: There is a \$30 charge for returned checks.	
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: _____	
OFFICE USE ONLY:	
Receipt #: _____ Date: _____ Residency Verified: _____ Processed by: _____	