

COMMUNITY SERVICES DEPARTMENT

Menlo-Atherton Performing Arts Center Facility Use Form

701 Laurel Street, Menlo Park, CA 94025 (p) 650.330.2223 (f) 650.330-2242



Organization Name:			Contact Name:	
Address:			City:	State:
Home Phone:			Zip:	
E-mail Address:			Alternate Phone:	
Estimate Attendance:			Insurance Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Use:				
Date	Day	Start Time	End Time	Total Hours
TOTAL HOURS				
TOTAL RENTAL FEES				\$
DEPOSIT AMOUNT	\$	DEPOSIT DUE DATE	/	/
BALANCE AMOUNT	\$	BALANCE DUE DATE	/	/

Equipment Needs:

- | | | | |
|---|--|-------------------------------------|---|
| <input type="checkbox"/> AV Equipment | <input type="checkbox"/> Lighting System | <input type="checkbox"/> Box Office | <input type="checkbox"/> Dressing Rooms |
| <input type="checkbox"/> Rigging System | <input type="checkbox"/> Sound System | <input type="checkbox"/> Green Room | <input type="checkbox"/> Orchestra Pit |

Other Equipment or Information: _____

I hereby certify and agree that I shall be personally responsible on behalf of myself/organization for any damage sustained by the facility, 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.

Signature of Applicant _____ Date _____ Approved by (Signature of Supervisor) _____ 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.**

Office Use Only:	Deposit:	R# _____	Date _____	Processed By _____
	Final Payment:	R# _____	Date _____	Processed By _____
<input type="checkbox"/> Entered into schedule <input type="checkbox"/> Insurance Provided <input type="checkbox"/> Application Complete				