City of Colton
APPLICATION FOR A MISCELLANEOUS SPECIAL EVENT
RESERVATION OF CITY FACILITY/PARK USAGE/MOBILE RECREATION

FACILITIES	☐Gonzales	☐Hutton	☐Luque	*Room:* Room 2		
PARKS	☐Cooley Ranch	☐Chavez	☐Davis	☐Dauer	☐Fleming	☐Veteran's
SPECIAL RENTALS	☐ Thompson Teen Center		☐Mobile Recreation			
BALLFIELDS	☐Chavez	☐Davis	☐Lofy	☐McKinley	☐Veteran's	Field Lights needed? Yes / No

Requested Date(s) (Day/Date): Saturday, July 12, 2014		
Alternate Date(s) *(Day/Date)*: Saturday, July 19, 2014		
Set-Up Time: 10:00am to 11:00am	Program Time: 11:00am to 4:00pm	Clean-Up Time: 4:00pm to 5:00pm

Group/Organization: Colton Community Services	*Alternate Contact Person:* Jane Doe
Main Contact: John Doe	*Relation to Main Contact:* Wife
Address: 670 Colton Ave.	*Alternate Contact Phone:* 909.370.6168
City & Zip Code: Colton, CA 92324	*Alternate Contact Email:* colton@colton.com
Main Phone: 909.370.6153 / Second Phone: 909.370.5087	**Estimated Total Event Attendance: 100**
✓ Yes, I wish to be primarily contacted via email. My email is: Colton2014@colton.com	**Reason for Use: Birthday Celebration**

Equipment/Services Requested: (Subject to availability)
_12_ # of Tables Type of Tables: Round or Rectangle
_100_ # of Chairs
_X_ Kitchen/Snack Bar
___ Additional Amenities: _____

Setup Style: (circle one) Banquet Classroom Assembly U Shaped Hollow Square

SPECIAL RENTALS

TEEN CENTER RENTAL: (circle one) Game Room Package Dance Package
NOTES:

MOBILE RECREATION RENTAL: Party Package #
Location of Rental
NOTES:

EVENT AGREEMENT

I/We hereby certify that we shall be personally responsible, on behalf of our group/organization, for any damage or abuse of buildings, grounds, fields, equipment, or other facilities through the use of said premises by our group/organization. I/We agree to abide by and enforce the rules and regulations of the City of Colton. I/We give my permission to the City of Colton for the taking of photographs of myself and/or the persons I have attending my event during the timeframes of my facility rental, and for those photos to be used in City publications, materials and/or City websites. I/We understand that is not a permit. A permit will be will be issued once the application has been approved and fees have been paid. I understand that this application is subject to approval and is not a confirmation of availability of the requested facility.

Signature of Applicant: *John Doe* Date: 3.21.14

(FOR OFFICE USE ONLY)

Date Received/Initials:	Residency Verified/ Initials:	Final Payment Due Date:	
PERMIT NUMBER:	Facility Notified/Date:	Reservation Fees:	
☐ Insurance Required	Verified:	Date Applicant Notified:	
Copies:	Holding Deposit Due Date:	Applicant Notified:	☐ Paid/ Date:

Receipt Number:		Receipt Number:		Receipt Number:	
Staff Initials/Date:		Staff Initials/Date:		Staff Initials/Date:	

REFUND:	Date Processed:	Amount:	Type of Refund:	Staff Initial:

COMMUNICATION LOG: REMARKS/NOTES:

REVISED 8.2013