



RECREATION AND COMMUNITY SERVICES DEPARTMENT  
 QUINLAN COMMUNITY CENTER  
 10185 NORTH STELLING ROAD • CUPERTINO, CA 95014  
 (408) 777-3120 • FAX (408) 777-1305

**Facility Rental Application**

|   |            |               |                          |   |                       |                          |                     |
|---|------------|---------------|--------------------------|---|-----------------------|--------------------------|---------------------|
| <b>Facility (please circle):</b> Quinlan Center    Community Hall    Creekside Park Building    Teen Center                                 |            |               |                          |   |                       |                          |                     |
| <b>Applicant Name:</b>  |            |               |                          | <b>Organization Name:</b>   |                       |                          |                     |
| <b>Address:</b>   |            |               |                          |   |                       |                          |                     |
| <b>City:</b>  |            | <b>State:</b> | <b>Zip:</b>              | <b>Home Phone:</b>  |                       |                          |                     |
| <b>E-mail Address:</b>  |            |               |                          | <b>Alternate Phone:</b>   |                       |                          |                     |
| <b>Estimated Attendance:</b>  |            |               |                          | <b>Type of Use: (party, meeting, etc.)</b>  |                       |                          |                     |
| <b>Will alcohol be served: Yes <input type="checkbox"/> No <input type="checkbox"/></b><br><b>*Insurance is required if serving alcohol</b> |            |               |                          | <b>Beer <input type="checkbox"/> Wine <input type="checkbox"/> Champagne <input type="checkbox"/></b> |                       |                          |                     |
| <b>Will food be served: Yes <input type="checkbox"/> No <input type="checkbox"/></b>  |            |               |                          |   |                       |                          |                     |
| <b>Room Name</b>  | <b>Day</b> | <b>Date*</b>  | <b>Set-up Start Time</b> | <b>Event Start Time</b>   | <b>Event End Time</b> | <b>Clean-up End Time</b> | <b>Total Hours*</b> |
| <b>*For additional dates, please use reverse side (conditions apply).</b>   |            |               |                          | <b>*TOTAL HOURS (reservation includes set-up and clean-up hours)</b>                                  |                       |                          |                     |

**Payment Info**

Cash     Check (Refund Checks Payable to: \_\_\_\_\_)  
 Visa     MasterCard     American Express     Discover

**Credit Card Number:** \_\_\_\_\_ **CVC (3-digit code from back of card):** \_\_\_\_\_

**Expires:** \_\_\_\_/\_\_\_\_ **Authorized Amount \$** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Office Use Only:**

|                    |                 |             |                     |
|--------------------|-----------------|-------------|---------------------|
| Deposit            | Receipt # _____ | Date: _____ | Processed By: _____ |
| Partial Rental Fee | Receipt # _____ | Date: _____ | Processed By: _____ |
| Final Payment      | Receipt # _____ | Date: _____ | Processed By: _____ |

Application Complete     Entered into CLASS     Insurance Provided

