



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

Park Rental Application

Park: <input type="checkbox"/> Memorial Park <input type="checkbox"/> Linda Vista Park <input type="checkbox"/> Portal Park			
Applicant Name:		Organization Name:	
Address:			
City:	State:	Zip:	Home Phone:
E-mail Address:		Alternate Phone:	
Area:	Date:	Start Time:	End Time:
Estimated Attendance:		Type of Use: (party, meeting, etc.)	
Will alcohol be served: <input type="checkbox"/> Yes <input type="checkbox"/> No *Beer & Wine Only/Must be served with food		Bounce House: <input type="checkbox"/> Yes <input type="checkbox"/> No * Only for <u>Memorial Park</u> ** Additional fees required	
Electricity: <input type="checkbox"/> Yes <input type="checkbox"/> No *Available at <u>Memorial</u> and <u>Linda Vista Park</u> ** Additional fee required		Memorial Softball Field Reservations - Field Preparation: <input type="checkbox"/> Yes <input type="checkbox"/> No Lights: <input type="checkbox"/> Yes <input type="checkbox"/> No * Additional fee required	

Payment Info

Cash Check Visa MasterCard American Express Discover

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

Expires: ____/____ **Authorized Amount \$** _____

Name as it appears on Card: _____

Authorized Signature: _____

Office Use Only:		
Cupertino Residency verification document provided:		
<input type="checkbox"/> Current utility bill	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Other