



FACILITY RENTAL APPLICATION FORM

Cupertino Parks and Recreation Department

10185 N. Stelling Road * Cupertino, CA 95014 * (408) 777-3120

APPLICANT INFORMATION (Please Print)	ORGANIZATION INFORMATION
First Name _____ Birthdate (mm/dd/yy) ____/____/____ Last Name _____ Main Phone (____) _____ <input type="radio"/> Cell <input type="radio"/> Home Alternate Phone (____) _____ <input type="radio"/> Cell <input type="radio"/> Home Address _____ Apt./Unit _____ City _____ State _____ Zip Code _____ Email _____ <input type="checkbox"/> I would like to receive email updates (e.g. Activities/programs, reminders, etc.)	Organization Name _____ Address _____ Suite _____ City _____ State _____ Zip Code _____ E mail (____) _____ Main Phone (____) _____ Ext. _____ Alternate Phone _____ Ext. _____ <input type="checkbox"/> 501(c) Non-Profit (IRS Letter Required)

RESERVATION INFORMATION

Quinlan Center (Conference, Cupertino, Social)
 Community Hall
 Creekside Park Building
 Teen Center

Type of Event (party, workshop, meeting, etc.) _____ Attendance _____ Bounce House Permit? <input type="radio"/> No <input type="radio"/> Yes (Available for an additional fee for Creekside Park Bldg. only)	Reserved with us before? <input type="radio"/> No <input type="radio"/> Yes Fundraiser? <input type="radio"/> No <input type="radio"/> Yes Alcohol Served* ? <input type="radio"/> No <input type="radio"/> Yes, <input type="radio"/> Sold <small>* If served, may require Liability Insurance and Security Staff for an additional fee. If sold, state ABC permit required.</small>
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Room Name	Day of Week (M,T,W,Th,F,S,Su)	Date (MMM DD,YYYY)	Set-up Start Time **	Event Start Time	Event End Time	Clean-up End Time **	Total Hours **

** Set-Up Start Time is the earliest room entry, Clean-Up End Time is the latest room exit. Total Hours includes your Set-up and Clean-up times.

PAYMENT INFORMATION

<input type="checkbox"/> CHECK - Payable to "CITY OF CUPERTINO" Refund check payable to: _____ FILL OUT IF CARDHOLDER NOT PRESENT: CREDIT CARD :(check one) <input type="checkbox"/> VISA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Card Number: _____ Exp Date: ____/____ Cardholder Name: _____ Authorized Amount: \$ _____ Signature: _____	<input type="checkbox"/> CASH Security Deposit- Due with application form. Hourly Fees- Due 30 days before event date. Payment Options: <ul style="list-style-type: none"> Credit Card Checks- \$28.83 fee charged per returned check. Cash
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FOR OFFICE USE ONLY			
Residency Verification document provided :	Approved by: _____	Packaged by: _____	Packaged Date: _____
<input type="checkbox"/> Current Utility <input type="checkbox"/> Driver's License <input type="checkbox"/> Other _____			

