



# 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 _____ Email (____) _____ 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?  No  Yes  
 (Available for an additional fee for Creekside Park Bldg. only)

Reserved with us before?  No  Yes  
 Fundraiser?  No  Yes  
 Alcohol Served\* ?  No  Yes,  Sold  
 \* If served, may require Liability Insurance and Security Staff for an additional fee. If sold, state ABC permit required.

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

**CHECK** - Payable to "CITY OF CUPERTINO"    
  **CASH**

Refund check payable to: \_\_\_\_\_

**Fill out if cardholder NOT present:**

**CREDIT CARD** :(select one)    
    
    
    

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

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

Authorized Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

**Security Deposit-**  
Due with application form.

**Hourly Fees-**  
Due 30 days before event date.

**Payment Options:**

- Credit Card
- Checks- \$31.70 fee charged per returned check.
- Cash

## FOR OFFICE USE ONLY

Residency Verification document provided : \_\_\_\_\_ Approved by: \_\_\_\_\_ Packaged by: \_\_\_\_\_ Packaged Date: \_\_\_\_\_  
 Current Utility    
 Driver's License    
 Other \_\_\_\_\_

