



# PARK 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"/> Work <input type="radio"/> Home Alternate Phone (____) _____ <input type="radio"/> Cell <input type="radio"/> Work <input type="radio"/> Home Address _____ Apt./Unit _____ City _____ State _____ Zip Code _____ Email _____	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)
<input type="checkbox"/> I would like to receive email updates (e.g. Activities/programs, reminders, etc.)	

## RESERVATION INFORMATION

Type of Event (picnic, party, etc.) \_\_\_\_\_ Attendance \_\_\_\_\_

Reserved with us before?  Yes  No  
 Alcohol Served?  Yes  No  
 (Must be served with food)

Area	Date (MMM,DD,YYYY)	Start Time	End Time	Electricity? *	Bounce House ? *	Lights? *	Field Prep? *
<input type="checkbox"/> Memorial- Picnic				<input type="radio"/> Yes	<input type="radio"/> Yes		
<input type="checkbox"/> Gazebo							
<input type="checkbox"/> Amphitheatre							
<input type="checkbox"/> Softball Field						<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="checkbox"/> Linda Vista- Picnic				<input type="radio"/> Yes			
<input type="checkbox"/> Portal- Picnic							

\* Available for an additional fee

## 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: \_\_\_\_\_

**Payment Options:**  
(Due with application form)

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

## FOR OFFICE USE ONLY

Residency Verification document provided: \_\_\_\_\_ Approved by: \_\_\_\_\_ Packaged by: \_\_\_\_\_ Date: \_\_\_\_\_

Current Utility  Driver's License  Other \_\_\_\_\_