FACILITY RENTAL APPLICATION FORM
Cupertino Parks and Recreation Department

If renting on behalf of organization or business, fill out both applicant and organization information. Please print.

APPLICANT INFORMATION

_____ ____/____/____
First Name   Birthdate (mm/dd/yy)

_____
Last Name

(_____)_____ ○ Cell ○ Home
Main Phone

(_____)_____ ○ Cell ○ Home
Alternate Phone

_____ _____
Address   Apt./Unit

_____ _____ _____
City   State   Zip Code

_____
Email

ORGANIZATION INFORMATION

_____
Organization Name

_____ _____
Address   Suite

_____ _____ _____
City   State   Zip Code

(_____)_____ _____
Main Phone   Ext.

(_____)_____ _____
Alternate Phone   Ext.

_____
Email

☐ 501(c) Non-Profit (IRS Letter Required)

RESERVATION INFORMATION

☐ Creekside Park Building ☐ Quinlan Community Center (Conference, Cupertino, Social) ☐ Community Hall ☐ Senior Center (Arts & Craft, Bay, Classroom, Conference, Reception Hall)

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

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 *

_____ _____
Type of Event (party, workshop, meeting, etc.) Attendance

Reserved with us before? ○ No ○ Yes

Charging fees (entrance, food, etc.) or accepting donations? ○ 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.)

Bounce House Permit? ○ No ○ Yes
(Available only for Creekside Park Bldg. for an additional fee.)

PAYMENT INFORMATION

Fill out if credit card cardholder is <u>not</u> present:

CREDIT CARD: (select one) ☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS ☐ DISCOVER

Card Number: _   Exp Date: _____/_____

Cardholder Name: (print) _____

Authorized Amount: $_____   Signature: _____

☐ CHECK: Payable to "CITY OF CUPERTINO"   Refund check to: _____

☐ CASH

Security Deposit-
Due with application form.
Hourly Fees-
Due 30 days before event date.
Payment Options:
• Credit Card
• Checks– Overdraft fee charged for any returned check.
• Cash

FOR OFFICE USE ONLY

Residency Verification document provided: Approved by: _____   Packaged by: _____   Sent Date: _____
☐ Current Utility ☐ Driver's License ☐ Other

Rev 10.03.24

Use this page for multiple dates or multiple facility rentals. (subject to Multiple Dates and Facility Rentals policy.)

Room Name	Attendance	Day of Week (M,T,W,Th, F,S,Su)	Date (MMM DD,YYYY)	Setup Start Time *	Event Start Time	Event End Time	Clean-up End Time *	Total Hours *