



CUPERTINO

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



Facility Rental Application

| | | | | | | | |
|---|------------|---------------|--------------------------|---|-----------------------|--------------------------|---------------------|
| Facility: Quinlan Center Community Hall Creekside Park Building Teen Center | | | | | | | |
| Applicant Name: | | | | Organization Name: | | | |
| Address: | | | | | | | |
| City: | | State: | Zip: | Home Phone: | | | |
| E-mail Address: | | | | Alternate Phone: | | | |
| Estimated Attendance: | | | | Type of Use: (party, meeting, etc.) | | | |
| Will alcohol be served: Yes <input type="checkbox"/> No <input type="checkbox"/> *Insurance is required if serving alcohol | | | | Beer <input type="checkbox"/> Wine <input type="checkbox"/> Champagne <input type="checkbox"/> | | | |
| Will food be served: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| Room Name | Day | Date* | Set-up Start Time | Event Start Time | Event End Time | Clean-up End Time | Total Hours* |
| *For additional dates, please use reverse side (conditions apply). | | | | *TOTAL HOURS (reservation includes set-up and clean-up hours) | | | |

Payment Info

Cash Check (Refund Checks Payable to: _____)

Visa MasterCard American Express Discover

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

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

Cardholder Name: _____

Authorized Signature: _____

Office Use Only:

| | | | |
|--------------------|-----------------|-------------|---------------------|
| Deposit | Receipt # _____ | Date: _____ | Processed By: _____ |
| Partial Rental Fee | Receipt # _____ | Date: _____ | Processed By: _____ |
| Final Payment | Receipt # _____ | Date: _____ | Processed By: _____ |

Application Complete
 Entered into CLASS
 Insurance Provided

