

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 J		// Birthdate (mm/dd/yy)	o) Organization Name								
Last Name		Cell	Address				Suite				
Main Phone	0	-	City			State 2	Zip Code				
Alternate Phone Address		 Apt./Unit	Email () Main Phone			 Ext.					
City	State		()_ Alternate Pho	ne		Ext.					
Email I woo (e.g. £	uld like to receive en Activities/programs,	nail updates reminders, etc.)	□ 501(c) N	lon-Profit (IF	RS Letter Re	quired)					
RESERVATION INFORMATION											
☐ Quinlan Center (Conference, Cupertino,		unity Hall [□ Creekside	Park Build	ling \square	Teen Cent	er				
Type of Event (party, workshop, m Bounce House Permit? O (Available for an additional fee for	Reserved with us before? ONO OYes Fundraiser? ONO OYes Alcohol Served*? ONO OYes, OSold * 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											
Fill out if cardholder NOT present: CREDIT CARD:(select one) VISA					Due v Hourly F	Security Deposit- Due with application form. Hourly Fees- Due 30 days before event date.					
Card Number:		. — — — —	Exp Date:	/	Payment ■ Credi	Options:					
Cardholder Name:			 Check 	cs— Overdraft fee turned check.	charged for						
Authorized Amount: \$	-				• Cash						
☐ CHECK - Payable to "CITY	OF CUPERTINO"	Kefund check to:				_ CAS	»H				
Residency Verification document pro Current Utility Driver		FOR OFFICE Appr Other	USE ONLY		Packa	ged by: Pack	aged Date:				

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

Room Name	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 **

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