



FACILITY RESERVATION APPLICATION

City of Yucaipa Community Services Department

Step One - Information

Applicant Name (please print clearly) _____ Phone Number _____

Street Address _____ City _____ Zip _____

Organization Name (if applicable) _____ Address _____ Phone Number _____

Is applicant a City of Yucaipa resident? (Proof of residency required) Yes No

Applicant email: _____

Alternate contact person: _____
Name _____ Phone Number _____

Step Two - Event

Event Name: _____

Type of Event: Meeting Birthday Family Gathering Reception/Banquet Shower-baby or Bridal

Wedding - Names of Couple: _____ Other: _____

of Attendees: _____ Date(s) of Use: _____ Day: M Tu W Th F Sa Su

Set-up Time: _____ to _____ Guest Arrival: _____ Clean-up Time: _____ to _____

*Hours requested include the time it takes to set-up and clean-up the event. Total Number of Hours: _____

Step Three - Details	
<u>Is applicant a non-profit?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, non-profit # _____	<u>Will alcoholic beverages be served?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, security is required for the event and an additional deposit fee will be charged.</i>
<u>Is the event a fundraiser?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Will food be served?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Is the event open to the public?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Will you have any of the following?</u> <input type="checkbox"/> DJ <input type="checkbox"/> Band <input type="checkbox"/> Caterer: _____
<u>Is there an admission fee for the event?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Any set up the day(s) prior to the event?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No *Fees Apply
<u>Will any items be sold?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Insurance (please check one):</u> <input type="checkbox"/> Will provide insurance <input type="checkbox"/> Will purchase insurance through the City of Yucaipa
<u>Will alcoholic beverages be sold?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, ABC license will be required. Please ask staff for letter to submit to ABC Board of California. License must be received by staff no later than 1 week prior to event date.</i>	

Step Four - Facility

Community Center -34900 Oak Glen Rd:

- Banquet Room Meeting Room Kitchen Dance Room Activity Room Gymnasium

Scherer Center - 12202 1st St:

- Banquet Room: Room A Room B Room C Kitchen Arts & Crafts Room Computer Lab

Yucaipa Performing Arts Center – 12062 California St:

- Mountain View Room: Room A Room B
 Theater Rental: Banquet Setup Theater Setup
 Kitchen Front Lobby Blackbox
 Dressing Rooms: I II III IV Green Room
 Outdoor Stage Outdoor Stage with Park

Will you require the use of City-owned equipment?

- Yes No

If yes, please check items:

- Microphone Projector Sound System Stage (YPAC only)

Step Five - Signature, Please Read Carefully Before Signing

Applicant(s) hereby agrees to indemnify, defend and hold harmless City of Yucaipa, its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses that may arise during or be caused in any way by such occupancy or use of facilities, but the facility user shall not be liable for any claims, damages, losses and expenses caused by the sole negligence or willful misconduct of the City of Yucaipa. Applicant(s) shall have received any and all permission or license(s) as may be required to perform or use any protected materials in its use of the Premises. Applicant(s) agrees to protect and hold harmless the City, its elected officials, employees and agents from and against any and all claims, penalties, and/or damages which may accrue as a result of Applicant's failure to comply with this requirement. I have read and agree to abide by all of the City of Yucaipa policies stated above and in the Facility Rental Policies.

Applicant Signature : _____ Date: _____

Print Applicant Name: _____