## Rio Linda Elverta Recreation and Park District 810 Oak Lane \* Rio Linda, CA 95673 \* 916-991-5929 \* On Call 916-757-4523 (after hours)

## INDOOR/OUTDOOR FACILITY USE PERMIT

## **Reservation Information (Please print clearly)**

| 1. Type of Event:   |  |   |                                       |                                  |   |  |
|---|--|---|---------------------------------------|----------------------------------|---|--|
| 2. Facility Reques  | ted: [ ] Commi   | unity Center                                  | [ ] Depot [ ] Horse A                 | rena [                           | Other   |  |
| 3. Area Requested   | :  |   | Rio Linda / Elverta Rooms             | ·                                | _ Kitchen   |  |
| 4. Date(s) Request  | ed:  |   |                                       |                                  |   |  |
| 5. Time of Event:   | am / pm  | Until   | _am / pm Number of hours:             | App                              | prox. # of people:  |  |
| 6. Person in Charg  | 6. Person in Charge (Permittee):                         |   |                                       | Phone #:                         |   |  |
|   |  |   | y/Zip:                                |                                  |   |  |
| 8. Alternate Person   | ternate Person in Charge:                                |   |                                       | Pho                              | ne #:   |  |
| Will you be selling, serving or furnishing any food, beverage or snack items? Will you be serving or furnishing any alcoholic beverages? Will you be selling any alcoholic beverages? Will you be using any type of sound amplification equipment? Will you be charging any entry fee or selling tickets to attend this event? Will this event be open to general public? Will you be placing any signs, ropes, banners, or other items on District property? Will a commercial caterer be used? If so, name: |  |   |                                       |                                  | YES NO                           |  |
| 9. Equipment Nee  | ded: Tables  | Chairs  | Other:                                |                                  |   |  |
| during the use of the<br>fixtures. Any violation<br>the repair or replace   | building and /o<br>on of this provisi<br>ement must be m | r park and sl<br>on can result<br>ade upon de | t in a denial of further per<br>mand. | o damag<br>mits and              | ge is done to the furniture or diffinancial reimbursement for s, and all rules and regulations. |  |
| BY:   |  |   | Date:                                 |                                  |   |  |
|   |  | To be Comple                                  | eted by District Staff Only           |                                  |   |  |
| Rental Fee:   | \$   |   | eted by Bismiet stair only            |                                  |   |  |
| Reservation Deposit:  | \$   |   |                                       |                                  |   |  |
| Refundable Deposit Fee:   | \$   | Paid [ ]                                      |                                       |                                  | This permit has been approved:  |  |
| Kitchen Use Fee:  | \$   | _Paid [ ]                                     |                                       |                                  |   |  |
| Refundable Kitchen Fee:   | \$   | _Paid [ ]                                     |                                       |                                  | By:Date:  |  |
| Security Guards:  | \$   | Paid [ ]                                      |                                       |                                  |   |  |
| Extra Hours:  | \$   | Paid [ ]                                      |                                       | Deposit Returned: [ ] Yes [ ] No |   |  |
| Other:  | \$   | Paid [ ]                                      |                                       | Amount                           | : \$ Charges: \$  |  |
|   |  |   | *Deposit will be sent to the address  |                                  | t will be sent to the address   |  |
|   |  |   |                                       | listed ab                        | ove within 3-4 weeks.   |  |
| Total Due: \$   | Paid [ ]   | Date Due By                                   | / <b>:</b>                            |                                  |   |  |

PLEASE HAVE THIS PERMIT WITH YOU AT ALL TIMES DURING WHICH THE EVENT IS TAKING PLACE