



100 South Second Street / P.O. Box 337

McFarland, CA 93250-0337

Ph: (661) 792-3187 / Fax: (661) 792-6846

"Dedication to the Quality of Community Life"

FACILITY RENTAL APPLICATION PATIO

APPLICANT'S NAME: _____

ADDRESS: _____ CITY/ZIP: _____

PHONE: HOME _____ WORK: _____ CELL: _____

DATE OF RENTAL: _____ HOURS FROM: _____ TO _____ TOTAL HRS: _____

NUMBER OF PERSONS ATTENDING: _____ PURPOSE OF RENTAL: _____

User agrees to be solely responsible for any and all liability, claims, loss, damages, costs and expenses, including attorney's fees, arising out of or resulting from any injury to persons or damage to property which arise out of its use of the District's facilities. User agrees to defend, indemnify and hold harmless the District, its officers, agents, employees and volunteers against any and all such claims, demands, causes of action, suits and expenses, arising out of or resulting from its use of the District's facilities.

SIGNATURE: _____ DATE: _____

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RENTAL CHARGES

All Rental's Require a \$200.00 Deposit

PRIVATE	<u>HOURLY</u> \$25.00	<u>OUT OF DISTRICT</u> \$30.00
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OFFICE USE ONLY

RENTAL HOUR: _____ x _____ TOTAL RENTAL FEE: _____

DEPOSIT AMT PD: _____ DATE PAID: _____ RECEIPT#: _____

DEPOSIT AMT REFUNDED: _____ DATE PAID: _____ BY: _____

APPLICATION RECEIVED BY: _____ DATE: _____

APPLICATION APPROVED BY: _____ DATE: _____

DISTRICT MANAGER