



Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_

## PARK FACILITY RENTAL/ROOM USE APPLICATION (A Park Facility User Certification Form may be required)

**Department of Community & Cultural Services  
Community Programs Division**

Ken Edwards Center, 1527 4<sup>th</sup> Street, Room 106, Santa Monica, CA 90403  
Phone: (310) 458-8300 Fax: (310) 395-9683

**ORGANIZATION** \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ORGANIZATION ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT DAY PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

**FACILITY REQUESTED**

FIRST CHOICE: \_\_\_\_\_ ROOM REQUEST: \_\_\_\_\_

SECOND CHOICE: \_\_\_\_\_ ROOM REQUEST: \_\_\_\_\_

DATE(S) REQUESTED: \_\_\_\_\_ DAY(S) OF WEEK: \_\_\_\_\_

SET-UP TIME: \_\_\_\_\_ AM/PM EVENT START TIME: \_\_\_\_\_ AM/PM

CLEAN-UP TIME: \_\_\_\_\_ AM/PM TOTAL HOURS REQUESTED: \_\_\_\_\_

**Total hours requested must include set-up and clean-up times. Park facilities are open Monday-Sunday, 9:00am-11:00pm and Senior Recreation Center, Monday-Sunday, 6:00pm-12midnight.**

TITLE OF EVENT/MEETING: \_\_\_\_\_

EXPECTED ATTENDANCE: \_\_\_\_\_

DESCRIPTION OF ACTIVITY: \_\_\_\_\_

ANY MUSIC/AMPLIFIED SOUND PLANNED? YES/NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

**ROOM SET-UP REQUEST**

CIRCLE PREFERRED SET UP OR DESCRIBE OTHER: \_\_\_\_\_

<u>Hollow Square</u>	<u>Conference</u>	<u>Horseshoe</u>	<u>Theater</u>	<u>Banquet</u>	<u>Circle of chairs</u>	<u>Classroom</u>

Please list the number of chairs and tables requested for each set up.

CIRCLE OF CHAIRS \_\_\_\_\_ HOLLOW SQUARE \_\_\_\_\_ HORSESHOE \_\_\_\_\_

THEATRE \_\_\_\_\_ BANQUET \_\_\_\_\_ CLASSROOM \_\_\_\_\_

OTHER \_\_\_\_\_

**PARK FACILITY RENTAL/ROOM USE APPLICATION**

Applicant hereby waives, releases, and discharges all claims for damages for death, personal injury, or property damage which Applicant may have or which may hereafter accrue to Applicant as a result of the use of City property pursuant to this permit. **This release discharges in advance the City Of Santa Monica, its officers, agents, servants and employees from liability even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.** Applicant further agrees to indemnify, defend, and hold harmless the City of Santa Monica, its officers, agents, servants, and employees for any loss or damages occasioned to the City of said persons as a result of liability for personal injury, death, or property damage arising out of the use of said City property pursuant to this permit. Such use sometimes involves an element of risk or danger or accidents, and knowing these risks, Applicant hereby assumes those risks.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**GENERAL RULES AND FEE SCHEDULE**

Applicant certifies that he/she has read and agrees to abide by the "General Rules" and fee schedule. Please initial: \_\_\_\_\_

Notification of application approval and fees owed will be communicated by mail when time permits.

**PAYMENT METHOD**

<b>APPLICATION FEE PAYMENT METHOD (Cash will not be accepted)</b>	
Payment Amount \$ _____	(check one) <input type="checkbox"/> Check or Money Order (Payable to: <i>City of Santa Monica</i> )
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Card # _____ Exp. Date _____
Name on card (please print) _____	
Billing address of credit card _____	
Signature _____	Date _____

**Office Use Only**

Approved certification form on file \_\_\_\_\_ Permit granted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Transaction ID # (credit card use only) \_\_\_\_\_