



PUBLIC FACILITY APPLICATION AND AGREEMENT

THIS APPLICATION MUST BE SUBMITTED 30 DAYS PRIOR TO EVENT. Return completed application to: Community Services Department - Facility Reservations, P.O. Box 19575, Irvine, CA 92623-9575, Fax: 949-724-6608, Phone: 949-724-6620, E-mail: reservations@cityofirvine.org.

COMPLEX

DATE

PERMIT #

| APPLICANT | | EVENT CONTACT | |
|------------------------------------|-------------------|------------------------------------|-------|
| APPLICANT NAME | ORGANIZATION NAME | EVENT CONTACT NAME | |
| ADDRESS (Street, City, State, Zip) | PHONE | ADDRESS (Street, City, State, Zip) | PHONE |
| | EMAIL | | EMAIL |

| RESERVATION INFORMATION | | | |
|--|---|--|---|
| FACILITY/PARK (Submit your top choices) | | DATE(S)/DAY | |
| 1. | 3. | JAN | JULY |
| 2. | 4. | FEB | AUG |
| ROOM(S)/SHELTER# | | MAR | SEP |
| | | APR | OCT |
| SERVICES REQUESTED (Additional fees may apply) | | MAY | NOV |
| BOUNCE HOUSE* <input type="checkbox"/> Y <input type="checkbox"/> N *Vendor must be approved by the City | KITCHEN <input type="checkbox"/> Y <input type="checkbox"/> N | JUNE | DEC |
| CUSTODIAL <input type="checkbox"/> Y <input type="checkbox"/> N | ENTRY FEE <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN | |
| OPEN TO PUBLIC <input type="checkbox"/> Y <input type="checkbox"/> N | ALCOHOL SERVED+ <input type="checkbox"/> Y <input type="checkbox"/> N | HOURS (Include set-up and clean-up) | |
| ALCOHOL SOLD+ <input type="checkbox"/> Y <input type="checkbox"/> N | +Security and Special Event Server Certificate required | START <input type="checkbox"/> AM <input type="checkbox"/> PM | END <input type="checkbox"/> AM <input type="checkbox"/> PM |

| EVENT INFORMATION | |
|--|--|
| TYPE OF EVENT (If birthday party, specify age) | TIME YOUR GUESTS WILL ARRIVE AND LEAVE |
| | ARRIVAL _____ DEPARTURE _____ |

PROVIDE THE DETAILS OF YOUR EVENT

| | | |
|---|---|---|
| REQUESTED SET-UP** <input type="checkbox"/> THEATER <input type="checkbox"/> CLASSROOM <input type="checkbox"/> SQUARE <input type="checkbox"/> U-SHAPE <input type="checkbox"/> BANQUET <input type="checkbox"/> BANQUET (with <input type="checkbox"/> Dance floor <input type="checkbox"/> Head Table) **Room set-up will be arranged with site staff | EQUIPMENT YOU WILL PROVIDE <input type="checkbox"/> DJ/BAND <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> OTHER _____ | TOTAL ATTENDANCE _____ HOW MANY UNDER 21 _____ |
|---|---|---|

VENDOR INFORMATION (Business License required and Insurance and Endorsement may be required.)

LIST THE TYPES OF VENDORS YOU WILL BE HIRING

MARKETING AND PUBLICITY

INDICATE HOW YOU ARE MARKETING YOUR EVENT

For any event that will be advertised to the public, a copy of the advertisement is required with the following disclaimer printed on the flyer or electronic communication: *This event is a private reservation and is not endorsed or sponsored by the City of Irvine. A copy of flyer and/or electronic communication must be submitted to Facility Reservations for approval.*

FLYER SOCIAL MEDIA OTHER _____

PAYMENT INFORMATION (All fees, including deposits, will be processed at time of application)

A Reservations Specialist will contact you for your payment information. Payment must be provided within two business days.

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PERMIT# _____

FACILITY USERS AGREEMENT

The undersigned, both individually and on behalf of the above named applicant, agrees to indemnify, defend and hold the City of Irvine and its officers, employees and agents harmless and free from any liability of any nature, including, but not limited to, liability for damage or injury to any persons or property, costs and attorney's fees, arising out of or in connection with the use of City recreational facilities regardless of whether the City was actively or passively negligent, either solely or contributory in connection with such liability.

I certify that we have received and read the rules, regulations and insurance requirements outlined in the PUBLIC FACILITIES RESERVATION AND FEE POLICIES. **I, the undersigned, do hereby agree that we will abide by the policies governing the use of this facility and will be responsible for any damages to the facility, furniture, or equipment caused by our occupancy of the premises.** I understand that any violation of the alcohol use permit policies will result in immediate termination of our event. I also understand that falsification of any information related to this application is a violation of City Ordinance No. 113, subject to penalties stated therein.

RESERVATION IS VALID ONLY UPON RECEIPT OF WRITTEN CONFIRMATION

SIGNATURE _____ DATE _____

IRVINE RESIDENT? Y N If YES, must provide utility bill

FOR OFFICE USE ONLY

CS STAFF _____ DATE _____

GROUP: 1 2 3 4 5 6

ADDITIONAL REQUIREMENTS

- | | | | |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> INSURANCE | <input type="checkbox"/> CHAPERONES | <input type="checkbox"/> ALCOHOL SERVER CERTIFICATE | <input type="checkbox"/> WALK THRU |
| <input type="checkbox"/> SECURITY | <input type="checkbox"/> ABC LICENSE | <input type="checkbox"/> BUSINESS LICENCE | <input type="checkbox"/> REFUND/CANCEL |
| <input type="checkbox"/> MARKETING AND PUBLICITY | | | |

| | |
|------------------|--|
| DEPOSIT _____ | REFUND AMOUNT _____ |
| RENTAL FEE _____ | <input type="checkbox"/> DEP ON FILE PERMIT# _____ |
| MISC FEE _____ | RELEASED <input type="checkbox"/> Y <input type="checkbox"/> N _____ |
| TOTAL _____ | BY _____ |

NOTES

PAYMENT INFORMATION

| | | | |
|-----------------------------------|---|---------------------|-----------------------|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD | CARD NUMBER _____ | EXP _____ / _____ |
| <input type="checkbox"/> DISCOVER | <input type="checkbox"/> AMERICAN EXPRESS | SECURITY CODE _____ | CARDHOLDER NAME _____ |