

City Facility/Park Reservation Application

Applicant Name:		Date:		
Address:		City:		_ Zip:
Phone: ()				
Facility/Park Request				
Facility/Park Name:			_ Date of Event	:
Time of Event:	am/pm to	am/pm		
(Rese	rvation time <u>MUST</u>	include set-up a	nd take-down)	
Type of Event:				
Number of Attendees: _	Time C	Guests will arrive:		am/pm
s this a West Sacramer				No
Primary Contact Persor				
lame:				
Address:				
Phone: ()		Em	all:	
Secondary Contact Pers	son: (This person will	l be contacted if the pri	marv contact persor	n is unavailable)
		-		
Address:		City:		_ Zip:
Phone: ()				
Please describe in deta	il, what activities v	will occur at this e	event.	

Permits Information							
Will you be having any of the items listed below at your event? If so, you may be required to							
obtain a Special Event Permit or other required permits.							
(Please circle Yes or No to any items below for your event)							
1. Do you plan to have alcohol at this event?	Yes	No					
2. Do you intend to sell alcohol at this event?	Yes	No					
If alcohol is sold, an Alcoholic Beverage Control permit is required.							
3. Will admission be charged to attend this event?	Yes	No					
4. Will you be selling anything at this event? (i.e. raffle tickets, drinks)	Yes	No					
If yes, what will you be selling?							
5. How will selling be conducted? (i.e. booths, vendor carts, walking vendors))						
6. Will food be provided at this event?	Yes	No					
If yes, it is possible that a Yolo County Health Department Permit will be require	d.						
7. Will there be amplified sound at your event?	Yes	No					
8. Is this a fund-raising event?	Yes	No					
9. Will you be using any tent canopies or awnings over 200 square feet?	Yes	No					

Liability Waiver

I, (print name) I am an authorized representative of [years of age; and that [on behalf of said organization] Sacramento recreation facilities' policies, rules and regulati if any, and that I [said organization] shall abide by them; I and well-being of all persons who participate or observe agree that the City of West Sacramento, its City Council, indemnified, and held harmless from any and all claim damages, or other liabilities for personal injury or death or p said activities that may be sustained, caused by or alleged of the above facility [by said organization.] I further agree same or better condition in which it is presented to myself/ damage occurs, the deposit will be used to restore the fac myself/said organization. If damage exceeds the deposit remainder.	ions, and above terms and additional conditions, am fully aware that responsibility for the safety in said [organization's] activities is ours; and, I Officers, Agents, and Employees are released, s, causes or action, losses, costs, expenses, property by any person or person connected with to have been caused by or arising out of the use that I/said organization will leave said facility in said organization. If the facility is not cleaned or ility to the condition in which it was presented to			
Applicant Name:				
Applicant Signature:	Date:			
City of West Sacramento Parks & Recreation signatu City Staff Signature: Phone:	Date:			
Cancellation & Refund Policy Rental deposits paid with a credit card more than 90 days in advance will be refunded by check within 2-4 weeks following the rental. No Refunds will be issued for events cancelled				

without a 14 day notice of event cancellation.

Renter's Initials _____ Date _____