

CITY OF GONZALES RECREATION DEPARTMENT FACILITY USE APPLICATION

APPLICANT INFORMATION

Name _____ CDL or ID # _____
 Physical Address _____ City _____ Zip _____
 Mailing Address _____ City _____ Zip _____
 Primary Phone # _____ Alternate Phone # _____
 2nd Contact Name _____ Phone # _____

ORGANIZATION INFORMATION (If Applicable)

Organization Name _____ non profit for profit
 Street Address _____ City _____ Zip _____
 Phone # _____ Federal or Tax ID # _____

EVENT INFORMATION

Event Purpose _____ # Guests Expected _____
 ONE TIME EVENT MULTIPLE USE EVENTS
 Begin Date ____ / ____ / ____ End Date ____ / ____ / ____
 Begin Time ____ AM ____ PM End Time ____ AM ____ PM
 Day of Week Monday Tuesday Wednesday Thursday Friday Saturday Sunday

FACILITIES & AMMENITIES AVAILABLE

Vosti Rec Center Hall Hall & Kitchen Tables Qty _____ Chairs Qty _____

ADDITIONAL ACTIVITIES

Bounce House Rental Co. must have a license to do buisness in the City of Gonzales and you must provide a copy of the rental companys' current liability insurance certificate.
 Dancing Dancing, amplified music and the service of alchol requires a Dance/Event Permit from the Gonzales Police Department. Failure to obtain this permit will lead to the police department shutting down your event and loss of your entire Security/Cleaning deposit. (\$25 fee)
 Amplified Music
 Alcohol Service
 BBQ BBQ pits are not provided by the City of Gonzales

UNDERSTANDINGS

I have received a copy of the Vosti Center Rental Policies and Procedures. I understand that _____
 these policies and procedure will be strictly enforced. _____ ini

Waiver of Liability: I hereby accept any and all responsibility for and assume the risk of any and all injury or damage to my person or dependant children which might arise directly or indirectly as a result, and or participation in a City of Gonzales function. I hereby indemnify, defend and hold harmless the City, its officers, officials, directors, employees and agents from and against any or all loss, liability, expense, claim, costs (including costs of defense), suits, and damages of every kind, nature and description directly or indirectly arising from participation in city sponsored activities and/or use of City Facilities. I certify that I am framiliar with the contents of this relaease, that I have and understand the same, and that it is my intention by signing this release that the same be binding not only to me but my heirs, administrators, executors,and assigns

Signature _____ Date _____

FEE WORKSHEET (Office Use only)

<input type="checkbox"/>	Class I	<input type="checkbox"/>	Class II Resident	<input type="checkbox"/>	Class II Non-Resident	<input type="checkbox"/>	Class III
	Reservation Fee	\$	_____				_____
	Hall per hour	\$	_____ X # hrs				_____
	Hall & Kitchen per hour	\$	_____ X # hrs				_____
	Set Up Fees (Optional)	\$	_____				_____
	Cleaning Deposit	Hall Only	\$	_____		Please use separate check	_____
		Hall & Kitchen	\$	_____		Please use separate check	_____
	Key Deposit		\$	75		Please use separate check	_____
						TOTAL DUE	_____
	Amount due at reservation =		reservation fee + 50% total fees			Amount Paid	_____
	Deposit Checks are also Due at the time of Reservation					BALANCE DUE	_____
	Date Balance Due		_____			BALANCE PAID	_____

SIGN OFFS (Office Use only)

<input type="checkbox"/>	Certificate of Insurance	Date	_____	Staff Ini.	_____
<input type="checkbox"/>	Copy of Approved Dance/Event Permit (option)	Date	_____	Staff Ini.	_____
<input type="checkbox"/>	Bounce House Certificate of Insurance (option)	Date	_____	Staff Ini.	_____
<input type="checkbox"/>	Kitchen Orientation (if rented)	Date	_____	Staff Ini.	_____
<input type="checkbox"/>	PAID IN FULL	Date	_____	Staff Ini.	_____