

# 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 \$ _____		_____
	Hall & Kitchen \$ _____	Please use separate check	_____
Key Deposit	\$ _____ 75	Please use separate check	_____
<b>TOTAL DUE</b>			_____
Amount due at reservation = reservation fee + 50% total fees			<b>Amount Paid</b> _____
Deposit Checks are also Due at the time of Reservation			<b>BALANCE DUE</b> _____
<b>Date Balance Due</b> _____			<b>BALANCE PAID</b> _____

**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. _____