



CITY OF RIALTO RECREATION AND COMMUNITY SERVICES
 214 N. Palm Avenue, Suite 204, Rialto, CA 92376 • Phone (909) 421-4949

<input type="checkbox"/> NEW APPLICATION
<input type="checkbox"/> RENEWAL
<input type="checkbox"/> REVISION
Site Admin _____

Facility Reservation Application

INSTRUCTIONS: Complete both sides of this form and return it to the Recreation And Community Services Department for approval (along with any applicable fees, proof of liability insurance, and 501(c)3 letter if you are a non-profit organization). It is highly recommended that you file this application at least four (4) weeks before your requested date(s). Facilities use request MUST be renewed every six (6) months. **ANY CHANGES TO THIS REQUEST (INCLUDING DATES AND/OR TIMES) MUST BE APPROVED BY THE RECREATION AND COMMUNITY SERVICES DEPT.**

SITE REQUESTED _____ NUMBER EXPECTED TO ATTEND _____

AREA(S) OF THE SIGHT YOU WISH TO USE (see below): _____

Single Date Use: ____/____/____/ **OR** Multiple Dates: ____/____/____/ through ____/____/____/
 Days of the Week (circle): Su Mo Tu We TH FR Sa

TIME OF EVENT _____ AM / PM to _____ AM/PM SET-UP _____ AM/PM to _____ AM/PM
 TAKE DOWN _____ AM/PM to _____ AM/PM

ACTIVITY / PURPOSE OF EVENT: _____

Will admission fees or collection of funds be taken? Yes No

Is this a non-profit organization? Yes* No

Proceeds will be used for what purpose? _____

Organization Name _____ Organization Address (street, city and zip code) _____

Organization Phone Number _____ Billing Address (if different from above) _____

Representative's Name _____ Representative's Cell / Home No. _____ Representative's Email Address _____

*Proof of 501(c)3 required

ITEMS NOT AVAILABLE

- | | | |
|----------------------|---------------------|---|
| ✓ Athletic Equipment | ✓ Tablecloths | ✓ Restrooms for outdoor events other than stadium |
| ✓ Food supplies | ✓ Two-way radios | |
| ✓ City vehicles | ✓ Laptops/Computers | |
| ✓ Golf carts | ✓ LCD projectors | |
| ✓ Weight room | ✓ Extension cords | |

Parks and Locations

- Rialto Community Center
- Carl Johnson Center Gym
- Rialto Senior Center
- Jack Simonson Center/Tom Sawyer Swimming Pool
- Anderson Park
- Roger Birdsall Park
- Ferguson Park
- Flores Park
- Warren Frisbie Park
- Jerry Eaves Park
- Bud Bender Park
- Margaret Todd Park/Skate Park

Equipment Requested

- Podium (Qty: _____) and Microphone (Qty: _____)
- Tables (include setting up) (Qty: _____)
- Chairs (Qty: _____)
- Television (Qty: _____)
- Other: _____ (if available)

PERSONNEL SERVICES

Personnel services which are required or mandated by city of Rialto Recreation and Community Services policy will be charged at the Staff Service Rate listed in the Use of Facilities brochure. For more details on this policy, see the Use of Facilities brochure contact the Recreation and Community Services dept.

- Custodian(s) – Staff to be determined by city
- Grounds personnel – Staff to be determined by city
- Safety/Security Officer – Staff to be determined by city personnel
- Scoreboard Technician(s) – For use of stadium/gym
- Lifeguard(s)

If requesting specific park, please specify field or areas. I.E. Field 1&2 or North Football Field

Rights and Responsibilities

_____ **Initial** CERTIFICATE OF LIABILITY INSURANCE REQUIRED. All non-district entities which charge or volunteer their services must provide proof of liability insurance. See “Recreation and Community Services: Policies, Regulations & Fees” brochure for details.

_____ **Initial** CANCELLATION: If Safety/Security is required to open the sight premises for your event, you must contact them at (909) 421-4949 at least twenty-four (24) hours before you cancel a scheduled event. See “Recreation and Community Services: Policies, Regulations & Fees” brochure for additional cancellation policy details.

_____ **Initial** I have read, understand, and agree to the terms set forth in the “Recreation and Community Services: Policies, Regulations and Fees” brochure. I understand the gate keys will only be issued to the Organization’s authorized representative(s). If keys are lost or need to be re-issued a fee may need to be assessed.

_____ **Initial** HOLD HARMLESS: The undersigned hereby agrees to be personally responsible, on behalf of the herein named organization, for any damage sustained by the Recreation and Community Center building or appurtenances thereto accruing through the occupancy of said building by said organization, and further agrees to conform to all the Rules and Regulations of the Recreation and Community Services governing the use of the facilities. The undersigned hereby agrees to hold the Recreation and Community Services, its governing Board, the individual members thereof, and all district officers, agents, and employees free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of Recreation and Community Services property.

_____ **Initial** STATEMENT OF INFORMATION: The undersigned states that, to the best of his/her knowledge, the Recreation and Community Services property for use of which application is hereby made will not be used for the commission of any said act intended to further any program or movement of the purpose of which is to accomplish the overthrow of the Government of the United States by force, violence, or other unlawful means: That the organization/individual on whose behalf he/she is making application for use of Recreation and

Rights and Responsibilities Contd.

Community Services property does not, to the best of his/her knowledge, advocate the overthrow the Government of the United States or the State of California by force, violence or other unlawful means, and that, to the best of his/her knowledge, is not a communist action organization or communist-front organization required by law to be registered with the Attorney General of the United States. The statement is made under the penalties of perjury.

_____ **ONLY** those facilities and/or items on this form will be made available on the day(s) of your event. City staff (Security Officers, Custodians, etc) are **NOT** authorized to provide access to any facilities that are not approved IN WRITING by the Recreation and Community Services Department.

I UNDERSTAND THAT THIS REQUEST IS SUBJECT TO APPROVAL AND IS NOT A CONFIRMATION OF AVAILABILITY OF THE REQUESTED FACILITY. FURTHERMORE, I AGREE TO ALL CONDITIONS, RULES AND REGULATIONS AS SET FORTH BY THE CITY OF RIALTO AND THE RECREATION AND COMMUNITY SERVICES DEPARTMENT.

Organization Representative's Signature

Date

IF YOU NEED ASSISTANCE ON THE DAY OF YOUR EVENT, PLEASE CONTACT CITY OF RIALTO RECREATION AND COMMUNITY SERVICES AT (909) 421-4949

REVIEWED by Site Administrator

FINAL APPROVAL by Facilities Planning Dept.

APPROVED ECLINED

Signature _____ Date _____

Comments _____

Signature _____ Date _____

Ins. Verified (Exp. _____) 501(c)3 Letter_Rec'd (if applicable)

STAFFING RECOMMENDATIONS:

Safety/security No. Staff _____ No. Hrs. _____

Custodian No. Staff _____ No. Hrs. _____

Payment Rec'd: \$ _____ To be invoiced

DISTRIBUTION: Original – Facilities Planning

Site _____ Safety/Security _____

Applicant _____ M&O _____

FOR OFFICE USE ONLY

PAYMENT RECORD

Deposit: Amount _____ Date Due: _____

Balance: Amount _____ Date Due: _____

Amt. Paid _____ Date _____ R.# _____