



# SAN BRUNO COMMUNITY SERVICES

## UNIVERSAL RENTAL APPLICATION

**APPLICATION MUST BE RECEIVED 45 DAYS BEFORE THE EVENT**

APPLICANT CONTACT INFORMATION						
APPLICATION ON BEHALF OF:	NAME OF GROUP, INDIVIDUAL, ORGANIZATION, OR BUSINESS					
MAILING ADDRESS:						
PHYSICAL ADDRESS:						
PROVIDE INFORMATION FOR EVENT CONTACTS	PRIMARY CONTACT PERSON	ALTERNATE CONTACT PERSON				
FIRST NAME						
LAST NAME						
DATE OF BIRTH						
PRIMARY PHONE NO.						
EMAIL ADDRESS						
PLEASE ANSWER THE FOLLOWING QUESTIONS						
Will alcohol be served?	<input type="checkbox"/>	YES	<input type="checkbox"/>	No	Are you using a caterer? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide: Name: _____ Phone Number: _____	
Will alcohol be sold?	<input type="checkbox"/>	YES	<input type="checkbox"/>	No		
<i>If yes, an ABC License is required and due 2 weeks prior to event</i>						
Will food be served?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Are you using additional caterer? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide: Name: _____ Phone Number: _____	
Will food be sold?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
Will there be an admission fee?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
Will there be amplified sound?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
<i>If Yes, what type of amplified sound:</i>						
RENTAL INFORMATION (Rental Hours Include Set-Up & Clean Up)						
Rental Date				Are you requesting a non-profit discount?	YES	NO
Rental Day				Non-Profit Organization Name:		
Rental Hours Include Setup & Clean Up						
SETUP START	AM	TO	AM	Non-Profit Tax ID No:		
	PM		PM			
EVENT START <i>(Guests Arrive)</i>	AM	TO	AM			
	PM		PM	Please describe the type of activity or event		
CLEAN-UP	AM	TO	AM			
	PM		PM			
Estimated No Attendance:						
Adults: _____ Minors: _____						



# SAN BRUNO COMMUNITY SERVICES

## UNIVERSAL RENTAL APPLICATION

**APPLICATION MUST BE RECEIVED 45 DAYS BEFORE THE EVENT**

SAN BRUNO RECREATION AND AQUATIC CENTER										
251 CITY PARK WAY   SAN BRUNO CA 94066										
COMMUNITY ROOMS	CLASS[ROOMS]	FITNESS AND GYMNASIUM	POOL AREAS	EQUIPMENT USAGE FEES						
Full Community Hall (A&B) Community Hall A Community Hall B Kitchen	Classroom 1 Classroom 2 Small Classroom RAC Conference Room	Full Gym Half Gym (Side 1) Half Gym (Side 2) Group Exercise Room	Indoor Pool Outdoor Pool Outdoor Wading Pool Party Room 2	Lectern Projector and Screen Microphone						
OTHER FACILITY LOCATIONS										
SAN BRUNO LIBRARY	SAN BRUNO SENIOR CENTER				PORTOLA PERFORMING ARTS			LARA FIELD		
701 ANGUS AVENUE	1555 CRYSTAL SPRINGS ROAD				300 AMADOR DRIVE			1150 CRYSTAL SPRINGS ROAD		
Community Room	Assembly Room Craft Room	Conference Room Kitchen Room <i>(Stove, Oven, Refrigerator)</i>	Meeting Room			Concession Stand				
OUTDOOR LOCATIONS										
PICNIC AREA REQUESTED						FIELD REQUESTED				
GRUNDY PARK <small>At Park Avenue</small>	COMMODORE PARK <small>At Cherry Avenue</small>	SAN BRUNO CITY PARK <small>At Crystal Springs/Oak Avenue</small>				COMMODORE PARK	LIONS FIELD	MONTE VERDE	PACIFIC HEIGHTS	SAN BRUNO CITY PARK
AREA 1	AREA 1 AREA 2 AREA 3	AREA 1 AREA 2 AREA 4	AREA 6 AREA 7 AREA 8	AREA 9 AREA 10 AREA 11	AREA 12 AREA 14 Gazebo	Greenberg Baseball Field	Synthetic Turf Sport Field Batting Cages	Sports Field	Baseball Field	Diamond 1 Diamond 2 Diamond 3

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT FOR CITY OWNED FACILITIES		INITIAL
<p>In consideration for the acceptance for use of the above facilities, applicant hereby agrees to <b>defend, indemnify, and hold harmless</b> the City of San Bruno, City Council, Boards and Commissions, Officers, Agents, and Employees against any and all claims, demands, damages, costs, and expenses, including attorney's fees, actions or liability whatsoever directly or indirectly arising out or resulting in any way from the occupancy or use of the facility by Applicant and/or Applicant's invitees.</p>		
<p>Applicant certifies that applicant is authorized to act on behalf of and bind applicant's organization to the terms of this indemnification and hold harmless agreement. <i>I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases including COVID-19, illnesses, viruses, and/or property damage.</i></p>		
<p>Applicant further certifies that applicant shall accept responsibility on behalf of applicant and/or applicant's organization for any damage or theft sustained by the City (premises, furniture, or equipment) because of the occupancy and use of said premises by applicant or applicant's organization</p>		
<p>Applicants have read the Rental Policy on pages 3-10 and agrees to abide by these policies and procedures. Applicants agree to pay the Facility Use Fees, if any, as set forth in the Facility Use Fee Schedule. Applicant understands that these fees are generally adjusted annually and are not guaranteed.</p>		
Date _____	Signature Primary Contact	

OFFICE USE ONLY				
Date Received:		Received By:		
Approved:	Denied:	Date:	Staff Signature:	
Payment Method:		Permit#:	Rental Completion and Deposit Refund Date:	
<b>FOR POLICE DEPARTMENT USE ONLY</b> : Security Recommended:      Yes      No      Number of Security Guards:				