



FACILITY USE APPLICATION

PARKS AND RECREATION SERVICES

APPLICATION DATE: _____

ACCOUNT INFORMATION:

MAIN CONTACT NAME:			
Company (if applicable):			
Main Contact Mailing Address:	City:	State:	Zip:
Main Contact Email Address:	Main Contact Phone #(s):		
ALTERNATE CONTACT NAME (If applicable)			
Alternate Contact Mailing Address:	City:	State:	Zip:
Alternate Contact Email Address:	Alternate Contact Phone #(s):		

CLASSIFICATION: Please select one:

- Private Rental
 Company/Business Event
 Non-Profit Organization No: _____
 (Must provide non-profit status letter/number)

POLICIES AND PROCEDURES: Please make sure you have read the entire **PARKS & FACILITIES RENTAL GUIDE** before submitting this application. I have read and understand the City's policies listed in the Rental Guide. _____

RENTAL INFORMATION:

Please Initial

Event Date:		Alternate Event Date:		
Rental Permit Start Time:	Guest Arrival / Event Start Time	Guest Exit / Event End Time	Rental Permit End Time:	Total Hours:
Type of Event:			# in Attendance	
Event Description:				

FACILITY ROOM REQUEST: Select all you wish to use.

Orinda Community Center, 28 Orinda Way					
<input type="checkbox"/> Founders Auditorium	<input type="checkbox"/> Classroom 2	<input type="checkbox"/> Classroom 4	<input type="checkbox"/> Classroom 5	<input type="checkbox"/> Classroom 6	<input type="checkbox"/> Classroom 7
<input type="checkbox"/> Classroom 8	<input type="checkbox"/> Classroom 9A	<input type="checkbox"/> Classroom 9B	<input type="checkbox"/> Classroom 10	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Large Grass Area
Library, 26 Orinda Way					
<input type="checkbox"/> Library Auditorium	<input type="checkbox"/> Garden Room	<input type="checkbox"/> Gallery Room	<input type="checkbox"/> May Room	<input type="checkbox"/> Foyer	
City Hall, 22 Orinda Way		Wagner Ranch, 350 Camino Pablo		Wilder Park, 10 Orinda Fields Lane	
<input type="checkbox"/> Sarge Littlehale Room		<input type="checkbox"/> Gym		<input type="checkbox"/> Ranch House	
Art & Garden Center, 20 Orinda Fields Lane					
<input type="checkbox"/> Studio 1	<input type="checkbox"/> Studio 2	<input type="checkbox"/> Studio 3	<input type="checkbox"/> Studios 1-3	<input type="checkbox"/> Studio 4	<input type="checkbox"/> Plaza / Stage

EQUIPMENT REQUESTS: Tables, chairs, podiums, whiteboards, and screens are included in your rental. The following equipment is available to rent per-use, for a nominal fee. Please select the item(s) you wish to use.

<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Easels #____	<input type="checkbox"/> Podium #____	<input type="checkbox"/> TV/DVD	<input type="checkbox"/> Microphone (Circle Type): Hand-held / Wireless / Lapel / Table Top
<input type="checkbox"/> Sound System (Circle Type): Onsite / Portable	<input type="checkbox"/> Coffee Pot #____	<input type="checkbox"/> BBQ Grill at Ranch House only (included with hourly rate)		

ADDITIONAL INFORMATION: If fees will be charged for alcohol, an Alcoholic Beverage Control (ABC) Permit will be required. If food is to be sold, a Contra Costa County Food and Beverage Permit must be obtained.

Open to the public:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is an admission fee being charged:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will alcohol be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will fees be charged for alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will food be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will food be sold? :	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Caterer:	Caterer Phone:
Band, DJ, sound system? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide name:
Please describe decorations:	

INSURANCE REQUIREMENTS: The City of Orinda requires permit users to provide a “Certificate of Liability Insurance” naming the City of Orinda as an additionally insured. The certificate must include the City’s address, 28 Orinda Way, Orinda, CA 94563.

You may purchase liability insurance coverage through the City of Orinda for an additional cost, or you may provide it through your homeowner’s insurance carrier. Insurance coverage must be submitted 30 days prior to your scheduled event. Please refer to the City of Orinda’s Parks and Facility Rental Guide for further details.

- I will provide a certificate through my homeowners’ insurance (must be submitted 30 days before scheduled event)
- I would like to purchase insurance through the City of Orinda

Insured Event Holder/Applicant: _____ Date of Event: _____

**Most events hosted by the City of Orinda will be classified as Class I. Prior to confirmation of the event, staff will confirm the insurance Class per the event type. Coverage is NOT available through the City of Orinda for sports (camps, programs, or events).*

RENTAL PERMIT PROCESS: If you are interested in speaking with a staff member about reserving a facility, please call (925) 253-4205 during our Facility Rental Hours (Monday - Friday, from 8:30 a.m. to 12:30 p.m.)

(926) **RETURN APPLICATION** - Application does not guarantee any reservation

- **EMAIL:** RENTALS@CITYOFORINDA.ORG
- **MAIL / IN PERSON:** Orinda Community Center, 28 Orinda Way, Orinda CA 94563 (Hours: M-F, 8:30am–4:30pm)
- **FAX:** 925.253.7716

(927) **SIGN AND RETURN PERMIT** – Review, initial/sign and date return permit (see above) within 7 days

(928) **COMPLETE PAYMENT(S)** of any required fees to complete the process and secure your reservation.

- For your security, we can no longer accept credit card payments over the phone, via fax or mail. Please make payment(s) through your online registration account or in person at the Orinda Community Center.
- Please make all checks payable to City of Orinda

THANK YOU SO MUCH FOR YOUR INTEREST IN RESERVING OUR FACILITIES.