



City of Hughson
 7018 Pine St. / P.O. Box 9
 Hughson CA 95326
 Phone:209-883-4054 - Fax:209-883-2638

SENIOR COMMUNITY CENTER APPLICATION FORM

Applicant Name: _____

Address: _____ City/State/Zip: _____

Mailing Address (If Different): _____ City/State/Zip: _____

Phone: _____ Alt. Contact: _____ Alt. Phone: _____

E-mail Address: _____

EVENT DATE(S): _____ **Number of Guests:** _____ **Event Hours:** _____

Event Type: _____ **Non-Profit: Y / N**

Security & Event Insurance is needed for all events at the Community Center naming CITY OF HUGHSON as Additional Insured & \$1,000,000 policy.

ALCOHOL: Y / N SOLD: Y / N SERVED: Y / N
 *NO ALCOHOL is allowed at minor events. Additional Security is required if Alcohol will be available at your event.

Classification of Event: General Public Private **Fundraiser: Y / N** **Event for Minor Y / N**

Food: Sold Served No Food **Food Prep:** On site Off site

Entertainment: Y / N **Entertainment Type:** _____ **Friday Night Set-Up: Y / N**

Notes: _____

Payment of Rental Fee, Deposits, and Cancellations

The total fee for the Community Center must be paid thirty (30) business days prior to the event scheduled date. If, after all fees are paid and prior to the scheduled event the renter desires to cancel the activity, they must announce this cancellation a minimum of fifteen (15) working days prior to the scheduled event. Failure to give the fifteen (15) working days' notice will result in the City retaining one-half (1/2) of the rental fee. When the required fifteen (15) working days' notice is given, a forty-dollar (\$40.00) administrative fee will be assessed.

I declare the above stated information is true and correct to the best of my knowledge and understand my reservation is subject to cancellation if actual information differs significantly from the above.

Signature of Applicant Date

*****OFFICE USE ONLY*****

| Rental Fee | CODE | AMOUNT | DATE DUE | DATE PAID | REC. BY | Security & Insurance Contract |
|--------------|-------|----------|----------|-----------|---------|---|
| In Town | RENT | \$275.00 | | | | Due Date: _____ |
| Out of Town | RENT | \$325.00 | | | | Security: <input type="checkbox"/> |
| Friday Night | RENT | \$25.00 | | | | Name of Company: _____ |
| Mopping Fee | MOPFE | \$130.00 | | | | |
| Deposit | DDEP | \$200.00 | | | | Copy of Insurance: <input type="checkbox"/> |
| Key Deposit | KDEP | \$10.00 | | | | |

REFUND STATUS

Date Requested: _____ Check Number: _____ Date Mailed Out: _____

RECEIVED BY: _____

DATE PAID: _____

CARD _____

CHECK _____

CASH _____

PAID IN FULL: Y / N