City of Hughson

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

COMMUNITY SENIOR CENTER APPLICATION FORM

2307 4th Street - Hughson, CA 95326

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**

Event Insurance is needed for all events at the **Community Senior 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:

Rules, Regulations and Fees

I _____, hereby confirm and acknowledge that I have fully read the Community/Senior Center Rules, Regulations and Fees, and understand that any violation to these Rules and Regulations is subject to cancellation of the scheduled event and/or forfeiture of the damage deposit.

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	AMOUNT	DATE PAID/AMT	Cash/CK/CCd	Rec. By	Security & Insurance Contract
In Town	$500.00				Due Date: _____
Out of Town	$600.00				**Security**: ☐
Friday Night	$75.00				Name of Company:
Damage Deposit	$500.00				
DD/Mopping	$330.00				**Copy of Insurance**: ☐

Notes:

Date Mailed Out:

Check Number:

Date Requested:

REFUND STATUS: