



"Dedication to the Quality of Community Life"

100 South Second Street / P.O. Box 337

McFarland, CA 93250-0337

Ph: (661) 792-3187 / Fax: (661) 792-6846

www.mcfarlandrpd.com

GAZEBOS/SHELTERS RENTAL APPLICATION

APPLICANT'S NAME: (NOMBRE DEL APLICANTE): _____

NAME OF ORGANIZATION (NOMBRE DE LA ORGANIZACION): _____

PARK REQUESTED (PARQUE REQUERIDO): SHERWOOD _____ B.R. _____

DATE OF RENTAL (FECHA DE RENTA): _____

HOURS (HORARIO): FROM (DE): _____ TO (A): _____ TOTAL OF HOURS (TOTAL de Horas) _____

NOTE: THERE IS ABSOLUTELY NO ALCOHOLIC BEVERAGES ALLOWED ON ANY DISTRICT PREMISES.

NOTA: ABSOLUTAMENTE NO BEBIDAS ALCOLICAS SE PERMITEN EN NINGUNA PROPIEDAD DEL DISTRITO

*I AGREE TO LEAVE THE AREA IN A CLEAN AND NEAT CONDITION AND AGREE TO PAY FOR ANY DAMAGES INCURRED.

*YO ESTOY DE ACUERDO EN DEJAR LA AREA LIMPIA Y EN BUENAS CONDICIONES Y ESTOY DE ACUERDO DE PAGAR POR CUALQUIER DANOS OCURRIDOS.

GAZEBOS/SHELTERS:	IN DISTRICT	OUT OF DISTRICT	DEPOSIT
SHERWOOD PARK	\$15.00 per hour	\$20.00 per hour	\$200.00
BROWNING ROAD PARK	\$15.00 per hour	\$20.00 per hour	\$200.00
ELECTRICITY	\$15.00 per hour	\$15.00 per hour	
WATER	\$15.00 per hour	\$15.00 per hour	

**** Any rescheduling/cancellations requires paying \$20.00 administrative charge****

SIGNATURE DATE

ADDRESS/CITY/ZIP PHONE (WK) HOME

RENTAL HOURS: _____ X TOTAL RENTAL FEE: _____

AMT PAID: \$ _____ CASH () CHECK ()# _____ Visa () RECT. # _____ BY: _____

AMOUNT OF DEPOSIT: _____ RECEIVED BY: _____ REFUNDED _____ RECEIVED BY _____

APPLICATION APPROVED BY: _____ DATE: _____

District Manager