



"Dedication to the Quality of Community Life"

100 South Second Street / P.O. Box 337
McFarland, CA 93250-0337

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FACILITY RENTAL APPLICATION

GYMNASIUM

APPLICANT'S NAME: _____

ADDRESS: _____ CITY/ZIP _____

PHONE: HM _____ WK _____ CELL _____

TYPE OF RENTAL: PRIVATE [] SCHOOL [] _____

DATE(S) OF RENTAL: _____

HOURS From _____ To _____ TOTAL HRS _____

User agrees to be solely responsible for all liability, claims, loss, damages, costs and expenses, including attorney's fees, arising out of or resulting from any injury to persons or damage to property which arise out of its use of the district's facilities. User agrees to defend, indemnify, and hold harmless the district, its officers, agents, employees and volunteers against any and all such claims, demands, causes of action, suits and expenses, arising out of or resulting from its use of the district's facilities.

SIGNATURE: _____ DATE: _____

RENTAL CHARGES

	<u>IN-DISRICT</u>	<u>OUT-OF-DISTRICT</u>	<u>DEPOSIT</u>
PRIVATE	\$80.00 per hr.	\$100.00 per hr.	\$200.00
NONPROFIT	\$50.00 per hr.	\$65.00 per hr.	\$200.00
W/FOOD	\$100.00 per hr.	\$125.00 per hr.	\$200.00
Daily Rental (8 hrs.)	\$525 per day (extra hrs. \$65.)	\$625 per day (extra hrs. \$80.)	\$200.00

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

OFFICE USE ONLY

RENTAL HOURS _____ X _____ RENTAL COST _____ TOTAL RENTAL

CHARGES _____ RECEIPT # _____ DATE PAID _____

AMOUNT OF DEPOSIT _____ REFUND DATE _____ BY: _____

APPLICATION RECEIVED BY: _____ DATE: _____

APPLICATION APPROVED BY: _____ DATE: _____

DISTRICT MANAGER