



**PLEASANT VALLEY RECREATION AND PARK DISTRICT  
INDOOR FACILITY RENTAL APPLICATION**

Today's Date: \_\_\_\_\_  
Print Name of Applicant or Representative: \_\_\_\_\_  
Name of Organization (If Applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
District Resident  Non-District  Resident Organization  Community Service Group

**FACILITY RENTAL INFORMATION**

Facility Requested: \_\_\_\_\_ Reservation Date Requested: \_\_\_\_\_  
Type of Event: \_\_\_\_\_ Estimated Maximum Attendance: \_\_\_\_\_  
Time Reserved: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM *Time reserved must include setup and cleanup.*

***\*\*You must provide a detailed layout diagram to the District no later than two weeks prior to your event\*\****

**ADDITIONAL INFORMATION**

Decorations: No \_\_\_\_\_ Yes \_\_\_\_\_ Do you require microphone, screen or podium? No \_\_\_\_\_ Yes \_\_\_\_\_  
Vendors\* (Caterer, Band, DJ, etc.) or Other Attractions? No \_\_\_\_\_ Yes \_\_\_\_\_ Details: \_\_\_\_\_  
Alcohol Served: No: \_\_\_\_\_ Yes: \_\_\_\_\_ (If alcohol is being sold, an ABC license is required)  
***\*\*The service of alcohol requires the presence of security – 1 guard per 50 guests, \$50 per hour\*\****  
Admission/Donation Required? No: \_\_\_\_\_ Yes: \_\_\_\_\_ How will the proceeds be used? \_\_\_\_\_

**\*NOTE: All Vendors Must Provide a Certificate of Insurance & Have a Business License to Operate in Camarillo**

As an Applicant, I hereby agree to abide by the rules and regulations of Pleasant Valley Recreation and Park District, and of the State of California. I further understand that this Reservation for Use of Facility is not complete and binding until all fees are paid in full and all information requested is submitted.

In consideration for being a participant in the programs offered by the District, I hereby consent and grant to the District the right, without fee, to make and use video recordings/still photographs of me, my minor children, and/or dependents in my car, in any manner or form, and for any lawful purpose at any time. I waive any right that I may have to review or approve the finished product, or those to which it may be applied. I release and discharge the District and its employees from any liability to me, my children and/or dependents in my care by virtue of any representation that may occur in making, editing, or use of said video recordings/still photography.

Applicant agrees to be solely responsible for any and all liability, claims, loss damages, costs and expenses, including attorney's fees, arising out of or resulting from any injury/illness to persons or damage to property which arise out of its use of the District's facilities. Applicant 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 of Applicant/Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_  
CARD NUMBER: \_\_\_\_\_ CVC/CVV: \_\_\_\_\_  
NAME ON CARD: \_\_\_\_\_ EXP: \_\_\_\_\_  
**BILLING ADDRESS:** \_\_\_\_\_