



100 South Second Street / P.O. Box 337

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www.mcfarlandrpd.com

"Dedication to the Quality of Community Life"

FACILITY RENTAL APPLICATION MOUSER CENTER

APPLICANT'S NAME: _____

ADDRESS: _____ CITY/ZIP: _____

PHONE: HM: _____ WORK: _____ CELL: _____

PRIVATE: _____ SCHOOL (Name): _____

DATE OF RENTAL: _____ SET-UP HOUR From: _____ to _____ TOTAL HRS: _____

EVENT HOURS From (Include Clean-up Time): _____ to _____ TOTAL HRS: _____

NUMBER OF PERSONS ATTENDING: _____ PURPOSE OF RENTAL: _____

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 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

All Rental's Require a \$200.00 Deposit * Minimum of 3 hours*

	<u>IN DISTRICT</u>	<u>OUT OF DISTRICT</u>
Private	\$70.00 per hour	\$80.00 per hour
Set-up	\$35.00 (1hr. only)	\$40.00 (1hr. only)
Nonprofit	\$50.00 per hour	\$60.00 per hour

OFFICE USE ONLY

RENTAL HOURS: _____ x _____ TOTAL RENTAL FEE: _____

SET - UP HOUR: _____ x _____ SET UP FEE: _____

TOTAL RENTAL CHARGES: _____ RECEIPT #: _____ DATE PAID: _____

AMOUNT OF DEPOSIT: _____ REFUND DATE: _____ BY: _____

APPLICATION RECEIVED BY: _____ DATE: _____

APPLICATION APPROVED BY: _____ DATE: _____

DISTRICT MANAGER