

"Dedication to the Quality of Community Life"

Applicants Name:

Ph: (661) 792-3187 / Fax: (661) 792-6846 www.mcfarlandrpd.com

FACILITY RENTAL APPLICATION MOUSER CENTER AND PATIO

Address:		City/Zip;		
Phone: Home:	Wo	rk:(Cell:	
Private:	School	(Name):		
Date of Rental:	Set-up l	nour from:To:	Total Hours:	
Event Hours: (Include	e Clean-up Time) Fron	m:To:	Total Hours:	
Number of Persons A	ttending:Pur	pose of Rental:		
fees, arising out of, or re district's facilities. User	sulting from any injury to agrees to defend, indem th claims, demands, caus ties.	ty, claims, loss, damages, costs, a o persons or damage to property nify, and hold harmless the distri ses of action, suits, and expenses,	which arise out of its use of the ct, its officers, agents, employed	e es, and
	R	ENTAL CHARGES		
į.	All Rental's Require	a \$200.00 Deposit *Minim	num of 3 hours*	
	IN DISTRICT	OUT OF DISTRICT	DEPOSIT	Γ
Private Rental Set-up (1 hr. only)	\$100.00 per hour \$35.00 per hour	\$125.00 per hour \$40.00 per hour	\$200.00	
Nonprofit	\$80.00 per hour		\$200.00	
		FFICE USE ONLY		
Rental Hours:	X	Total Rental Fee:		20
Set-up Hour:	X	_Set-up Fee:	9	_
Total Rental Charges:		Receipt #:	Date Paid:	_
Amount of Deposit: _		Refund Date:	By:	-
Application Received	Ву:		Date:	
Application Approved	l By:		Date:	