City of Dinuba - Parks & Community Services

1390 E. Elizabeth Way, Dinuba, CA 93618

(559)591-5940 Fax (559)595-8824

PARK/FACILITY USE FORM

This reservation application is issued in accordance with the policies in the attached packet. All reservation forms must be signed and returned before consideration of use approval. Submission of reservation request does not constitute approval. Facility Reservations require a minimum of 10 working days to process. Park reservations are due Wednesday by 5pm and no reservations are accepted after Wednesday for that weekend. A processing fee will be charged when cancellation is requested. Cancellation of a facility/park rental needs to be made 48 hours prior to rental date. If park rental is cancelled due to weather, you must notify the Parks & Community Services office the following business day. A Host Waiver Form is required when a rental of a bounce house or water slide is utilized on a city park or facility.

_			Today's Date:			
Name of Applicant:			Phone (Res)	Phone (Work/Cell)		
Address of Applicant:						
Activity Description:			City	zip		
Bounce House/Water Slide: Yes	No Company	Name:1	Food Vendor: Yes No			
Proof of Residency (DL/ID): Dine	ıba Resident No	on-Dinuba Resident				
Rental Date(s):		Hours of Use: from:	to: eet-up & clean-up time)	Total Hours:		
Attendance: (Estimate)	Activity open to the	e public? Yes		ged? Yes No		
COMMUNITY CENTER:	Multi-Purpose Roo	om Kitchen	_Room A Room B	Room C		
PARKS & ATHLETIC FIELDS:						
Rose Ann Vuich Park Picnic #1 (Small blk-top) Picnic #2 (Pavilion/Covered) Picnic #3 (blk-top A) Picnic #4 (blk-top B)	Roosevelt Park Picnic Field #1 Field #2 T-Ball Field	Centennial Park Picnic Soccer #1 Soccer #2 Soccer #3	KC Vista Park Picnic Baseball #1 Baseball #2 Soccer #1	Felix Delgado Park Picnic #1 Picnic #2 Picnic #3 (Covered Pavilion) Softball Field		
Band Shell (Stage) Entertainment Plaza:	Alice Park:	Nebraska Park:	Soccer #2 Other:			
Gazebo	Picnic Area	☐ Picnic Area		<u></u>		
EQUIPMENT REQUEST and/or SPECIAL NEEDS:(Facility Rentals/Special Events only) (All equipment must be returned in good condition and clean.)						
8' Tables	6' Tables	Chairs	_ Other:			
I understand that electrical power outlets are available at certain location. However, the City does not guarantee a supply of power at all times. I understand that no large hydraulic equipment, machine or vehicles can be used in or on any park (unless approved). Rates and fees are subject to change upon City council approval. City co-sponsored events will take precedence and may bump other reserved events. All fees are due when application is submitted, a minimum of 10 working days prior to Facility Reservations. For Park Reservations, application is due Wednesday by 5pm. No reservations will be accepted after. I agree to followal furles, regulations, and policies of the City of Dinuba on the use of the parks and facilities. I understand that I am responsible for any, and all, repair costs for damages caused during my event and I have been provided a Parks & Facilities Rental Information Packet. Denial of future use of any City of Dinuba facility/parks for a period of two years and/or forfeiture of deposit (when required) shall occur if I don't comply with any rule, regulation, policy or requirement. **Signature** **Date:** Date:** Date:** Date:** Date:** Date:** Date:** Torrow will be a participating in the activity of participating in the activity of Dinuba to participate in the above activity, I herreby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the City of Dinuba (its officers, and/or officials, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity of involves an element of risk and danger of accidents and knowing those risks I hereby						
Fee Packet provided Request: Approved Denied Accepted by:	Applicant Signature Authorized Personnel Signa	ture Receipt #	Total Amo	Date:		

(From reverse side of this form)

****** FOR OFFICE USE ONLY *****							
FEES MUST BE PAID 10 DAYS PRIOR	dental) <u>NOTES:</u>						
Total I	Hours of Use Hourly Rate/Fee						
Rental:	x \$	= \$					
Rental:	x \$	= \$					
Lights/Electricity:	x \$	= \$					
INSURANCE TOTAL = \$ Collect as separate payment to be processed with Insurance Company.	Kitchen: Set Up/Tear Down: Equipment Rentals:	= \$ = \$ = \$					
	Less Deposit:	= (\$ Receipt #					
	TOTAL	= \$ Receipt #					
*** Office Use Only ***	Police Dept Parks S	Staff Customer Calendar					