



# ROXBURY

MEMORIAL PARK & COMMUNITY CENTER

PERMIT # \_\_\_\_\_

## ROXBURY COMMUNITY CENTER & PARK RENTAL CONTRACT

EVENT DAY AND DATE: \_\_\_\_\_

	ROOM/AREA	START TIME (SETUP INCLUDED)	END TIME (CLEANUP INCLUDED)	TOTAL HOURS
INDOOR RENTAL	_____	_____	_____	_____
OUTDOOR RENTAL	_____	_____	_____	_____

## APPLICANT INFORMATION

RESIDENT ( ) NON-RESIDENT ( )  
ORGANIZATION NAME (if applicable) \_\_\_\_\_  
APPLICANT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIPCODE \_\_\_\_\_ EMAIL \_\_\_\_\_  
PHONE (home) \_\_\_\_\_ MOBILE \_\_\_\_\_  
# OF GUESTS \_\_\_\_\_ DESCRIPTION OF EVENT \_\_\_\_\_  
COMPLIMENTARY SETUP: (select one) A B C

## PAYMENT INFORMATION

RENTALS FEES: \$ \_\_\_\_\_ SECURITY DEPOSIT: \$ \_\_\_\_\_ TOTAL AMOUNT CHARGED \$ \_\_\_\_\_  
CHECK/MONEY ORDER ( ) # \_\_\_\_\_ PAYABLE TO "CITY OF BEVERLY HILLS"  
CREDIT CARD: MASTERCARD ( ) DISCOVER ( ) VISA ( ) AMEX ( )  
CREDIT CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_  
CARD HOLDER NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

I hereby certify that I will abide by all rules, regulations and ordinances of the City of Beverly Hills. As an individual or duly authorized representative of the sponsoring organization, I agree to defend and to hold harmless the City of Beverly Hills, together with its officers and employees, against any and all liability and claim thereof for any injury, death or property damage allegedly suffered by any person, occurring during and as a result of the exercise of the privileges and the permission hereby being granted to the sponsoring organization, its agents and employees. My signature below indicates that I agree to be in attendance for the duration of the permit, and disseminate rules and event parameters to all invited guests. Failure to comply with any listed rules, regulations or ordinance may result in permit cancellation.

APPLICANT SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

## OFFICE USE ONLY

STAFF SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
SPECIAL APPROVED ACCOMMODATIONS \_\_\_\_\_  
RENTAL AMENDMENT DATE \_\_\_\_\_ STAFF SIGNATURE \_\_\_\_\_  
REFUND REQUEST DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_  
REASON \_\_\_\_\_