



# City of Laguna Niguel - Crown Valley Community Center and Sea Country Senior and Community Center Facility Rental Application

## Applicant Information

Name:	Organization:
Address:	Phone:
City:	Zip:
Non-Profit ID#	Email:

## Room Request: A 2 hours minimum Monday-Thursday/4 hours Friday-Sunday may apply.

Day of the week:	Date:	Facility Requested:
Rental Time (Including Set-Up and Clean-Up):		From: _____ To: _____

## Event Information

Type of Activity (Meeting, Seminar, Party, Etc): _____			
Event Details/Purpose: _____			
Event Time (Time your guests arrive and leave): _____			
Will Alcohol be served? Yes	No	Will Alcohol be sold?	
Will food/beverage be served? Yes	No	Number of people expected: _____	
Caterer name and phone number: _____			
Is this a youth oriented event?	If so, describe: _____		
Number of children expected:	Approximate ages: _____		
Do you have a coordinator? If so, name and phone: _____			
Will you have a Band or DJ? If so, name and phone: _____			
Equipment requested from us: Chairs      Tables      Mic      Screen/Projector      Other: _____			
Equipment you will provide: _____			
Outside Vendors you will provide with phone #: _____			
Contact person for day of event name and phone: _____			
Is this a Free event? Yes	No	Open to the public? Yes	No
Type of advertisement: _____			
If the event is open to the public and not free, what will the admission charge be? \$ _____			

## Signature Required

I understand that until a **Permit** is issued by the City, I do not have a guaranteed reservation, but a verbal account of availability at this time. I certify that all information on this application is true and accurate, that I am 21 years of age or older, and I am the person responsible for this event.

Applicant Signature - Printing name permitted

Date \_\_\_\_\_

## OFFICE USE ONLY

Staff signature, if approved

Date \_\_\_\_\_

Time \_\_\_\_\_

Appointment for Permit/Deposit: