



# Crown Valley Community Center Facility Rental Application for Outdoor Spaces - Amphitheater / Valley Plaza



## Applicant Information

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

**2 hours minimum / 4 hours maximum may apply.**

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

## Event Information

Type of Activity (Ceremony, Party, Meeting Etc): _____			
Event Details/Purpose: _____			
Event Time (Time your guests arrive and leave): _____			
Will food/beverage be served? Yes	No	Number of people expected: _____	
Will you have a food truck? Yes	No	Do they hold a OC Health Dept. Permit?: Yes	No
Food Truck name and phone number: _____			
Is this a youth oriented event? Yes	No	If so, describe: _____	
Number of children expected: _____		Approximate ages: _____	
Will you have a coordinator for your event? Yes		No	
Event Coordinator name and phone number: _____			
Will you have a acoustical music? If so, what type: _____			
Equipment you will bring onsite: _____			
Vendor's name and phone number: _____			
Contact person for day of event name and phone: _____			
Additional Notes: _____			

## 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: