



COMMUNITY SERVICES
 Facility Reservations

PUBLIC FACILITY APPLICATION AND AGREEMENT

THIS APPLICATION MUST BE SUBMITTED 30 DAYS PRIOR TO EVENT. Return completed application to: Community Services Department - Facility Reservations, P.O. Box 19575, Irvine, CA 92623-9575, Fax: 949-724-6608, Phone: 949-724-6620, Email: reservations@cityofirvine.org.

COMPLEX

APPLICANT		EVENT CONTACT	
APPLICANT NAME	ORGANIZATION NAME	EVENT CONTACT NAME	
ADDRESS (Street, City, State, Zip)	PHONE	ADDRESS (Street, City, State, Zip)	PHONE
	EMAIL		EMAIL

RESERVATION INFORMATION			
FACILITY/PARK (Submit your top choices)		DATE(S)/DAY	
1.	3.	JAN	JULY
2.	4.	FEB	AUG
ROOM(S)/SHELTER#/COURTYARD/PATIO		MAR	SEP
		APR	OCT
SERVICES REQUESTED (Additional fees may apply)		MAY	NOV
		JUNE	DEC
BOUNCE HOUSE* <input type="checkbox"/> Y <input type="checkbox"/> N *Vendor must be approved by the City		<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	
CUSTODIAL <input type="checkbox"/> Y <input type="checkbox"/> N KITCHEN <input type="checkbox"/> Y <input type="checkbox"/> N		HOURS (Include set-up and clean-up)	
OPEN TO PUBLIC <input type="checkbox"/> Y <input type="checkbox"/> N ENTRY FEE <input type="checkbox"/> Y <input type="checkbox"/> N		START <input type="checkbox"/> AM <input type="checkbox"/> PM	
ALCOHOL SERVED+ <input type="checkbox"/> Y <input type="checkbox"/> N ALCOHOL SOLD+ <input type="checkbox"/> Y <input type="checkbox"/> N		END <input type="checkbox"/> AM <input type="checkbox"/> PM	
+ABC License, Security, Licensed Caterer, Special Event Server required			

For Irvine Unified School District (IUSD) requests: Send completed application to facilitiesuse@iusd.org for IUSD review.

EVENT INFORMATION	
TYPE OF EVENT (If birthday party, specify age)	TIME YOUR GUESTS WILL ARRIVE AND LEAVE ARRIVAL _____ DEPARTURE _____
PROVIDE THE DETAILS OF YOUR EVENT	

REQUESTED SET-UP** <input type="checkbox"/> THEATER <input type="checkbox"/> CLASSROOM <input type="checkbox"/> SQUARE <input type="checkbox"/> U-SHAPE <input type="checkbox"/> BANQUET <input type="checkbox"/> BANQUET (with <input type="checkbox"/> Dance floor <input type="checkbox"/> Head Table)	EQUIPMENT YOU WILL PROVIDE <input type="checkbox"/> DJ/BAND <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> OTHER _____	TOTAL ATTENDANCE _____ HOW MANY UNDER 21 _____
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VENDOR INFORMATION (Business License required and Insurance and Endorsement may be required.)
LIST THE TYPES OF VENDORS YOU WILL BE HIRING

MARKETING AND PUBLICITY
INDICATE HOW YOU ARE MARKETING YOUR EVENT For any event that will be advertised to the public, a copy of the advertisement is required with the following disclaimer printed on the flier or electronic communication: <i>This event is a private reservation and is not endorsed or sponsored by the City of Irvine.</i> A copy of flier and/or electronic communication must be submitted to Facility Reservations for approval.
<input type="checkbox"/> FLIER <input type="checkbox"/> SOCIAL MEDIA <input type="checkbox"/> OTHER _____

DATE

PERMIT #

PUBLIC FACILITY APPLICATION AND AGREEMENT

APPLICANT NAME _____ PERMIT# _____

FACILITY USERS AGREEMENT

The undersigned, both individually and on behalf of the above named applicant, agrees to indemnify, defend and hold the City of Irvine and its officers, employees and agents harmless and free from any liability of any nature, including, but not limited to, liability for damage or injury to any persons or property, costs and attorney's fees, arising out of or in connection with the use of City recreational facilities regardless of whether the City was actively or passively negligent, either solely or contributory in connection with such liability.

I certify that we have received and read the rules, regulations and insurance requirements outlined in the PUBLIC FACILITIES RESERVATION AND FEE POLICIES. **I, the undersigned, do hereby agree that we will abide by the policies governing the use of this facility and will be responsible for any damages to the facility, furniture, or equipment caused by our occupancy of the premises.** I understand that any violation of the alcohol use permit policies will result in immediate termination of our event. I also understand that falsification of any information related to this application is a violation of City Ordinance No. 113, subject to penalties stated therein.

RESERVATION IS VALID ONLY UPON RECEIPT OF WRITTEN CONFIRMATION

SIGNATURE _____ DATE _____

IRVINE RESIDENT? Y N If YES, must provide utility bill

FOR OFFICE USE ONLY

CS STAFF _____ DATE _____ GROUP: 1 2 3 4 5 6

ADDITIONAL REQUIREMENTS

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> INSURANCE | <input type="checkbox"/> CHAPERONES | <input type="checkbox"/> ALCOHOL SERVER CERTIFICATE | <input type="checkbox"/> WALK THRU |
| <input type="checkbox"/> SECURITY | <input type="checkbox"/> ABC LICENSE | <input type="checkbox"/> BUSINESS LICENSE | <input type="checkbox"/> REFUND/CANCEL |
| <input type="checkbox"/> MARKETING AND PUBLICITY | <input type="checkbox"/> REGULAR PORTABLE RESTROOM | <input type="checkbox"/> VIP RESTROOM | |
| <input type="checkbox"/> PORTERS | <input type="checkbox"/> ADDITIONAL STAFF | | |

DEPOSIT _____	REFUND AMOUNT _____
RENTAL FEE _____	<input type="checkbox"/> DEP ON FILE PERMIT# _____
MISC FEE _____	RELEASED <input type="checkbox"/> Y <input type="checkbox"/> N _____
TOTAL _____	BY _____

NOTES