



OFFICE USE ONLY
RENTAL CONTRACT #

Facility Rental Request Application

This application must be submitted with a deposit.

Please complete all items, front & back. **Incomplete applications will delay confirmation.**

Check Facility Requested:

- | | | |
|---|--|---|
| <input type="checkbox"/> Cascade Room | <input type="checkbox"/> Terrace Room | <input type="checkbox"/> Lawn / Triangle Area |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Tamalpais Room | <input type="checkbox"/> Pool & Cove Room |
| <input type="checkbox"/> Lobby / Café | <input type="checkbox"/> Fieldview Room | <input type="checkbox"/> Aerobic / Dance Studio |
| <input type="checkbox"/> Forest Room | <input type="checkbox"/> Teen Zone Game Room | <input type="checkbox"/> Golf Clubhouse* |
| <input type="checkbox"/> Manzanita Room | <input type="checkbox"/> Mountain View Room | |

* Note: Golf Clubhouse is at a separate location (267 Buena Vista) and has distinct policies and procedures.

Desired Date: _____ / _____ / _____
(DAY OF THE WEEK) (MONTH) (DAY) (YEAR)

If requesting multiple dates or an ongoing rental, please write or type on a separate paper & attach to this form.

Rental Hours: _____ am/pm - _____ am/pm **Event Hours:** _____ am/pm - _____ am/pm

Rental hours must include all time needed for setup / cleanup & meet rental hour requirements for the requested facility.

Type of Event: _____ **Estimated Attendance:** _____

Insurance: Please check one of the following: Individual Policy Organization Policy

Insurance may be required for commercial use or any gathering where alcohol is present, or has 100+ participants.

Renter's Information			
Name: _____		Org Name (if applicable): _____	
Email: _____ <small>(REQUIRED)</small>		DOB: ____ / ____ / ____	
Address: <i>(if renting on behalf of an Org., please list the Org.'s address)</i> _____			Non-profit Tax ID: _____ <small>(REQUIRED FOR NON-PROFIT RATE)</small>
<small>(STREET ADDRESS)</small>	<small>(CITY)</small>	<small>(STATE)</small>	<small>(ZIP)</small>
Phone Number: 1st preference: _____ 2nd preference: _____			

Please check all that apply:

- Will alcohol be: Served Sold N/A
- Is there admission / donation required? *If yes, commercial rates may apply.* Yes No
- Is the event open to the public? Yes No
- Will there be amplified sound? Yes No
- Is this a catered event? Yes No
- Will the event involve tents, large displays / physical objects, machinery, generators, third-party vendors, (rental companies, caterers, etc.) or other similar equipment? *If yes, please explain further in the section below.* Yes No

Please list special requests / items to be considered: _____



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Please complete all items, front & back. **Incomplete applications will delay confirmation.**

All items must be initialed prior to this request being considered:

- Initial _____ I have read the reservation procedures and regulations for the facility I have requested, prior to filling out this application, and agree to, and will abide by those rules and regulations before, during and after the event.
- Initial _____ I understand the deposit is due in full at time of application and that all rental fees for the Cascade Room and Golf Clubhouse are due 6 months prior to my rental and 1 month for all other facilities.
- Initial _____ I understand that all set up and breakdown of my rental must be included within my rental hour.
- Initial _____ I understand a Certificate of Insurance must be submitted at least 30 days prior to any event where alcohol is served or if there are more than 100 participants at the event.
- Initial _____ I understand rented or purchased event items may not be stored overnight inside the facility.
- Initial _____ I understand I am responsible for the actions of my guests and third party vendors and take full responsibility and liability of the event myself.
- Initial _____ I understand that smoking is not permitted at any time in a city facility, and I will be responsible for informing my guests of that policy.
- Initial _____ I understand all hired third party vendors must be declared to Facilities Staff prior to rental.
- Initial _____ I acknowledge I may need to seek additional permits & approval from the other City Departments & entities depending on the size & nature of the requested event.

By signing, you are agreeing to the below statement as well as the Reservation Procedures & Regulations document that governs the requested facility.

It is distinctly understood and agreed that the applicant assumes all risks for loss, damages, liability, cost of expense that may arise during or be caused in any way by such use or occupancy of the facility of the Mill Valley Recreation Department. The applicant further agrees that in consideration of being permitted to use said facility they will save and hold harmless the City of Mill Valley and said Recreation Department and/or their employees from any loss, claims, liabilities or damages, and/or injuries of persons and property that in any way may be caused by applicant's use of occupancy of said facility. I have read the rules and regulations of rental carefully and agree to them as written.

SIGNATURE OF APPLICANT

DATE

Pay by MasterCard or Visa

Cardholder Name (as it appears on card): _____

Credit Card #: _____ Exp. Date: _____ CVV: _____

Billing Address Same as Mailing

Billing Address (if different from mailing): _____