Today's Date:

## **City of Walnut Creek Recreation Division**

Submit all applications via mail, fax or email:
Walnut Creek Facility Rentals Office, 301 N San Carlos Dr, Walnut Creek, CA 94598
Fax (925) 938-7529 Email rentals@walnut-creek.org



## CITY OF WALNUT CREEK FACILITY RENTAL APPLICATION

Please make sure you have read our rental brochure before filling out this application. All time needed ahead of guest arrival, for set up of personal items and catering, and all time needed for clean up after guest departure, must be included in applied for event timing.

Applicant Name/Contract Holder:			Birthdate:	
Company or Organization (if applie	cable):			
Address:				
City:	<i>y</i> :			
Primary Phone:				
Email Address:				
Event Type: Wedding, Memorial, Fundraise	r, Meeting etc. Birthdays Mus	t Include Age of Guest of H	Honor Expected Attendance/Guest Count:	
Venue Location and Room:				
Date(s) of Event:				
Rental/Contracted Start Time:	Guest Arrival Time:		Rental/Contracted End Time:	
Will alcohol be served? YES NO	If yes, an Alcohol Permit for \$100.00 will be added to your contract.  No hard liquor allowed. Depending on the type of event, other requirements may be necessary. (Example: Special Daily Permit to Sell, security guards, etc.)			
Would you like to rent a projector & so	creen for an additional \$	50.00? YES	NO	
Secondary Point of Contact, if appl	icable: Name, Phone Nur	nber, Email, Relation t	o Event	
	This application	is not your contract.		

This application is not your contract.

No rental is confirmed until payment is made and you receive an official City of Walnut Creek countersigned contract.

By signing below, I acknowledge that I have read the rental brochure and I understand the rules, pricing, and regulations.

Signature	Date



## Heather Farm Community Center 301 N. San Carlos Drive, Walnut Creek, CA 94598 Office: (925) 943-5858 Fax: (925) 938-7529

## FACILITY RENTAL PAYMENTS CREDIT CARD AUTHORIZATION

We accept cash, checks (made out to "City of Walnut Creek"), VISA, MasterCard, Discover and American Express.

For facility rentals, customers may authorize a credit card to be used for the holding & security deposit, additional dates, contract changes and/or scheduled payments. Please complete this form carefully with the payment option of your choice and submit to the rental office. If you have any questions pertaining to your facility rental payments, or your credit card changes during the course of the rental agreement, please call the rental office at (925) 256-3575 or email rentals@walnut-creek.org.

**RENTER INFORMATION** 

Name of Rental Contact Person:			Event Date:		
Company or Organization (if applicable):			1		
Contact Phone:	Email:				
/	<u> </u>				
BILLING INFORMATION					
(Complete beld Billing Contact Name:	ow section if billing information is	s different from information o	n rental agreement.)		
Name of Billing Organization (if app	plicable):				
Billing Address:		Billing City, State, Zip:			
Billing Phone:	Billing Email (if applicable):				
I hereby authorize the City of facilities as outlined in the rer per the payment schedule out communication with City of Winformation changes.	Walnut Creek to charge the cro ntal contract referenced above lined in the rental agreement Valnut Creek staff. I will contact	. I understand that the cred and/or as authorized by me ct the rental office as soon	dit card below will be charged e in email or phone		
For events more than 90 days out or for recurring rental events:  I authorize my future payments to be automatically paid with this					
redit card.  YES  NOT APPLICABLE Rental is within 90 days of today, or paying final payments.					
with Cash/Check.					
CREDIT CARD INFORMATION					
MasterCard VISA	American Express				
Cardholder Signature:			Date of Authorization (mm/dd/yy): /		
Name as it appears on card:			CVV Security Code (3 or 4 digits):		
Card Number:			Expiration Date (mm/yy):		