

Meeting Room Rental Agreement

400 Old Bernal Ave. Pleasanton, CA 94566
Mailing address: P.O. Box 520 Pleasanton, CA 94566
Phone: 925-931-5340 Fax: 925-931-5477

Email: recreation@cityofpleasantonca.gov Phone: 925-931-5340s

Permit #:				
	Insurance			
	Due:			

Meeting Room/ D	Date Information						
(Check one):	Cultural Arts Building (49)				Senior Center Meeting Room (25)		
Date(s)	Day of Week	Rental Start Time	Meeting Start Time	Meeting End Time	e Rental End Time		
Renter Information	on						
Name of Responsible	e Party:		Email:				
Name of Organization/Company:					7:n		
	: City/State lumber: Home Cell						
Phone Number: Hom	.e	Cell		Work			
Meeting Informat	tion						
Type of Event:		Estimated Attendance:					
Room Set Up Style:	Classroom/Meeting	Auditorium	Projector (\$75)	Yes N	0		
Number of Tables:	Number of Chair	rs:					
	d Compliance Agreem						
_	o use of said facility. Evidence urance carrier, or, if available,			•			
Signature of Renter		Date	Organization	Organization			
InitialI ha	ve read the Meeting Room	General Rules, and agr	ree to, and will abide by	those rules.			
		Office L	Jse Only				
Co-Sponsored	Resident/Non-profit	Non-Resident	/Pleasanton-based Busi	ness Non-F	Pleasanton-based Business		
	Meeting Room F	ee: Hours at \$	/hr	\$			
	_	ng Deposit: (refundable		\$ 100.00			
	Staff Fees		•	\$			
	Extra Fees:			\$			
			Total	\$			
Paid: \$	Date:	Staff:					
Refund: □ Yes	☐ No Amount:	Comm	nents:				
Staff:	Keruna Date:						