DATE REC'D: _____

City of Pleasanton – Department of Parks and Community Services
P.O. Box 520, 200 Old Bernal Avenue, Pleasanton, CA 94566 – Phone (925) 931-3446

Gymnasium Use Agreement

1. **Applicant** _____ **Home Phone** _____ **Work** _____ **Emergency** _____
   Address _____ **City** _____ **State** _____ **Zip** _____
2. **Organization** _____ **Address** _____ **Phone** _____
3. **What % of your organization are Pleasanton residents?** _____% (An organization membership list, with names & addresses, may be requested. Proof of residency may be required.)
4. **Type of Activity** _____ **Estimated # Participants** _____
5. **Number of Gymnasiums Requested** _____. (Note: Pleasanton Middle School/City Facility and Harvest Park School - 2 Gyms)
6. **Date(s) Hours Requested:**

Month/Day/Year	Time	Month/Day/Year	Times
___/___/___	___ to ___	___/___/___	___ to ___
___/___/___	___ to ___	___/___/___	___ to ___
___/___/___	___ to ___	___/___/___	___ to ___

7. **Special Needs:** _____
   _____
8. I have received and read a copy of the Gymnasium Rules and Regulation? Yes_____ No_____
9. **Facility you are requesting: Harvest Park** _____ **Pleasanton Middle School** _____ **Thomas Hart** _____ **All Three**___

HOLD HARMLESS

I certify that the above information is accurate. I certify that I have read the Rules and Regulations pertaining to facility use and agree to comply with the Rules and Regulations. I further agree to be personally responsible for informing those using the facility as scheduled in the application of the rules and regulations of the City. I, or organization, through me, agrees to be responsible for any damage sustained by the facility, equipment, or furniture during use of the facility and further agree to release and hold harmless the City of Pleasanton from any and all liability for damage or injury to person or property of the undersigned due to use of said facility. Evidence of this Hold Harmless Agreement shall be provided through a Certificate of Liability Insurance from any insurance carrier or, if available, through special facilities insurance purchased through the City of Pleasanton.

_____ **By** _____
Signature of Applicant **Date** **Received by Dept. of P&CS** **Date**

FOR OFFICE USE ONLY

Date _____ Authorized Signature _____ Approved/Disapproved

Priority: ____Co-Sponsored ____Sanctioned ____Approved ____Permitted
____Non Resident ____Private/Commercial

REQUIRED FEES:
One Gym _____ @ $_____ per hour = $_____
Two Gyms _____ @ $_____ per hour = $_____
OPTIONAL FEES:
Officials _____ @ $_____ per hour = $_____
Scorekeeper – Number of hours _____ @ $_____ per hour = $_____
Additional Staff _____ @ $_____ per hour = $_____
CLEANING AND DAMAGE DEPOSIT: $_____
TOTAL FEES: $_____

Insurance Certificate Received (Date):_____
Staff Comments:_____
_____
_____
_____
_____
_____

PAYMENT SCHEDULE: **DEPOSIT REQUIRED AT BOOKING (NON-REFUNDABLE) – 50% OF FEE, MAXIMUM OF $100. FULL PAYMENT REQUIRED TWO WEEKS PRIOR TO EVENT.**

Amount Paid	Account #	Date/Staff	Balance Due
$_____.___	_____	____/____	$_____
$_____.___	_____	____/____	$_____
$_____.___	_____	____/____	$_____
$_____.___	_____	____/____	$_____

White – Main Office Yellow – Supervisor Pink - Originator