



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

Permit Number: _____

Meeting Room/ Date Information

(Check one): Cultural Arts Building (49) Senior Center: Classroom (50) Meeting Room (25)

Date(s)	Day of Week	Rental Start Time	Rental End Time	Meeting Start Time	Meeting End Time

Renter Information

Name of Responsible Party: _____ Email: _____

Name of Organization/Company: _____

Address: _____ City/State _____ Zip: _____

Phone Number: Home _____ Cell _____ Work _____

Meeting Information

Type of Event: _____ Estimated Attendance: _____

Number of Tables: _____ Number of Chairs: _____ Room Set Up Style: Classroom Meeting

Insurance provided by: Own Policy Organization/Company Policy

Hold Harmless and Compliance Agreement

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 Agreement of the rules and regulations of the City. I, or organization, through me, agree 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 and Compliance 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. Applicants renting picnic areas must abide by COVID-19 requirements of the State of California <https://covid19.ca.gov/> and Alameda County Public Health Department's Local Health Orders: <https://covid-19.acgov.org/sip>.

Signature of Renter Date Organization

Initial _____ I have read the Meeting Room General Rules, and agree to, and will abide by those rules.

Office Use Only

City/PUSD A-Cosponsored B-Resident C-Non-Resident D-Commercial

Authorized Signature: _____ Approved/Denied _____

Meeting Room (2 hour minimum)	\$ _____
Additional Hour Meeting Fee: _____ Hours at \$ _____/hr	\$ _____
Damage/Cleaning Deposit: (refundable)	\$ <u>100.00</u>
Insurance Fee:	\$ _____
Extra Fees: _____	\$ _____
Total	\$ _____

Special Notes _____

Paid: \$ _____	Date: _____	Staff: _____	
Refund: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Comments: _____	
Staff: _____	Refund Date: _____		