



Date of Event \_\_\_/\_\_\_/\_\_\_

# FACILITY RESERVATION AGREEMENT AND PERMIT

Today's Date \_\_\_/\_\_\_/\_\_\_

Room(s) Reserved \_\_\_\_\_

Date of Event \_\_\_\_\_ M T W Th F Sa Su Type of Event \_\_\_\_\_

Open to Public Y N Fundraiser Y N Alcohol Y N Food Y N

If yes, what type will be served? \_\_\_\_\_ Catered Y N By Whom \_\_\_\_\_

Estimated Attendance \_\_\_\_\_ Will alcohol be hosted? Y N (if yes, complete & sign the attached waiver)

Will alcohol be sold? Y N; if yes, ABC permit required. # \_\_\_\_\_

Type of set up: (Be specific re: number of tables, number of chairs, etc.) Please provide a set-up schematic:

\_\_\_\_\_  
\_\_\_\_\_

Group or User's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Authorized Representative for this Event Only: \_\_\_\_\_

Address \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

## HOURS OF USE

Set-up Time \_\_\_ to \_\_\_ a.m./p.m.; Event Time \_\_\_ to \_\_\_ a.m./p.m.; Clean-up Time \_\_\_ to \_\_\_ a.m./p.m.

## CHARGES

Alcohol \_\_\_\_\_ Room or Area \_\_\_\_\_

Insurance \_\_\_\_\_ Additional Hour (s) \_\_\_\_\_

Damage/Cleaning Deposit \_\_\_\_\_ Kitchen \_\_\_\_\_

Security (1 guard per 50 people) \_\_\_\_\_ Other \_\_\_\_\_

**TOTAL CHARGES \$ \_\_\_\_\_**

## PAYMENT LOG

	<u>AMOUNT PAID</u>	<u>RECEIPT #</u>	<u>DATE</u>	<u>BALANCE</u>
Deposit or full Payment	\$ _____	_____	_____	_____
Final or subsequent payments	\$ _____	_____	_____	_____
	\$ _____	_____	_____	_____

Cancellation Fee Schedule:

- More than 45 days prior to event - Forfeit 25% of room reservation charges.
- 30-44 days prior to event - Forfeit 50% of room reservation charges.
- Less than 30 days prior to event - NO REFUND.

\_\_\_\_\_  
 Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

## DAMAGE/CLEANING DEPOSIT:

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

Explanation of amount withheld (if applicable): \_\_\_\_\_

# ALCOHOLIC BEVERAGE INFORMATION WAIVER

**If you Intend To Have Alcoholic Beverages At Your Event, Complete This Section:**

Name of Organization \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Type of Function \_\_\_\_\_ Open to the public? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Event \_\_\_\_\_ Hours of Event \_\_\_\_\_

Has your organization ever applied for an alcohol permit before? \_\_\_\_\_

When? \_\_\_\_\_

Type of beverage to be served: Beer \_\_\_\_\_ Wine \_\_\_\_\_ Champagne \_\_\_\_\_

Serving House: From \_\_\_\_\_ To \_\_\_\_\_

Will alcoholic beverages be SOLD? \_\_\_\_\_

If so, by whom? \_\_\_\_\_

Note: If alcohol is not catered, you must obtain a permit from the Alcoholic Beverage Control Board. (They can be reached at (805) 564-7717 and are located at 411 E. Canon Perdido, Santa Barbara, Ca. 93101).

Does your organization carry its own liability and property damage insurance? \_\_\_\_\_

I/We agree to abide by the rules and regulations pertaining to alcohol use on Boys & Girls Club of Simi Valley Facilities and the statutory requirements of the Department of Alcoholic Beverage Control of the State of California. I understand that failure to abide by these rules may result in termination of the permitted event by the Boys & Girls Club of Simi Valley, the ABC, or other lawful authority with no refunds.

Signature of Responsible Party: \_\_\_\_\_ Date \_\_\_\_\_

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**If You DO Not Intend To Have Alcoholic Beverages At Your Event, You Must Sign This Waiver:**

I/We agree that no alcoholic beverages will be possessed or consumed on Boys & Girls Club of Simi Valley property in relationship to the permitted event. Any consumption or possession of alcoholic beverages may be cause for the immediate termination of the event with no refunds.

Signature of Responsible Party: \_\_\_\_\_ Date \_\_\_\_\_