



Rental Application and Agreement

City of Baldwin Park • Recreation and Community Services
 4100 Baldwin Park Blvd. • Baldwin Park, CA 91706
 • Phone (626) 813-5245, Ext. 326 • Fax (626) 814-2998
www.baldwinpark.com • facilityreservation@baldwinpark.com

Name of Applicant: _____ Name of Organization: _____

Address: _____ City: _____ Zip: _____

Telephone Number: Day _____ Evening _____

DATE(S) REQUIRED _____ E-mail: _____

Circle Location Requesting

Esther Snyder Community Center 4100 Baldwin Park Blvd. Meeting Room 1 Meeting Room 2 Dance Studio Game Room Gymnasium Pool	Julia McNeill Senior Center 4100 Baldwin Park Blvd. Adobe East Adobe West Avocado Room Celebration Hall	Teri G. Muse Family Service Center 14305 Morgan St. Hall Meeting Room 1	Teen Center & Skate Park 15010 Badillo St. Meeting Room 1 Meeting Room 2 Meeting Room 3 Game Room Rock Wall
Morgan Park 4100 Baldwin Park Blvd. Picnic Shelter 1 Picnic Shelter 2 Picnic Shelter 3 Amphitheater Athletic Field (Front) Athletic Field (Back)	Arts & Recreation Center 14403-B East Pacific Ave. Multipurpose Room Celebration Hall Dance Studio Amphitheater Executive Board Room	Barnes Park 3251 Patriti Ave. Meeting Room Game Room Grand Shelter Picnic Shelter 1 Picnic Shelter 2 Picnic Shelter 3 Picnic Shelter 4 Athletic Field	Hilda L. Solis Park 15010 Badillo St. Picnic Shelter 1 Walnut Creek Nature Park 701 Frazier Ave. Gazebo
Syhre Park 1209 Vineland Ave. Athletic Field	Equipment Rentals Podium TV/DVD		Projector Group Gathering Permit Jumper Permit

Nature of Event: _____ Estimated Attendance: _____

Decoration: From _____ to _____ **Reservation:** From _____ to _____ **Clean Up:** From _____ to _____

Will alcohol be served? _____ Yes _____ No _____ Cash Bar (ABC Permit Required) _____ Open Bar

If yes, type of control provided by applicant (wristbands, bartender, etc.): _____ Time Serving: _____ to _____

Will the event include musical entertainment? _____ Yes _____ No If yes, what type? _____

I have read and agree to comply with all Facility Rules and Regulations and Cancellation Policy. **Please Initial**

I am aware that all fees are due and payable 30 working days prior to the activity. Failure to pay as agreed will result in automatic cancellation. The undersigned states he/she has read and will abide by the rules and regulations which are attached to this application and that the organization on whose behalf he/she is making application does not, to the best of his/her knowledge advocate the overthrow of the Government of the United States or the State of California by force, violence, or other unlawful means, and that, to the best of his/her knowledge, it is not a Communist action or organization required by law to register with the Attorney General of the United States. This statement is made under penalty of perjury.

Signature of Applicant: _____ **Date:** _____

APPLICATION APPROVAL WILL TAKE FIVE (5) WORKING DAYS

For Office Use Only

Application Processing Fee	\$ _____	x _____	Flat	\$ _____
Decorating Fee	\$ _____	x _____	Hrs.	\$ _____
Hourly Fee	\$ _____	x _____	Block(s) of _____ Hrs.	\$ _____
Clean-Up Fee	\$ _____	x _____	Hrs.	\$ _____
Additional Hourly Fee	\$ _____	x _____	Hrs.	\$ _____
Security Guard(s)	\$ _____	x _____	Guard(s) x _____ Hrs.	\$ _____
Cleaning Deposit	\$ _____	x _____		\$ _____
Jumper/Equipment Permit	\$ _____	x _____		\$ _____

TOTAL: \$ _____

CLEANING DEPOSIT Date: _____ Receipt # _____ Payment: \$ _____ Balance: \$ _____

Balance Due By:

APPROVED **DENIED** **SIGNATURE:** _____ **DATE:** _____

HH#: System Book

Chairs: Banquet Grey

Date Refund Processed: _____

STAFF: _____