## Los Altos Parks & Recreation Department Gymnasium **Reservation Application**

Organization:	Tax ID:							
Contact Person:				Email:	Zip:			
Address: Home Phone:		City: Work Phone:						
		1			Cell Phone:		Total # of	
Purpose of Use Use	Dates	Day of the Week	# of Days	Start Time	End Time	Length of Time (Hours)	Hours	
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ation					4			
Sel								
	Sheet(s) if needed. If	applicable, ple				Total:		
	roup Type & Fees:  Resident Non-Profit Youth Group		1/2 Gym		Full Gym			
*Must show proof of 51% group residency  Resident  *Must show proof of residency			\$51 / hour		\$92 / hour			
			\$97 / hour		\$161 / hour			
Non-Resident			\$127 / hour		\$207 / hour			
Non-Resident Non-Profit			\$51 / hour		\$92 / hour			
Commercial Use			\$184 / hour  e: All reservations require a sections.		\$323 / hour			
Reservation Detai	ls:	Not	e: All reservatior	is require a secu	rity deposit of \$5	551		
Location:	Gym Size		Sport		Season			
Blach <mark>Gym</mark>	Full Gym	Full Gym		Basketball		Spring/Summer (March-August)		
Egan <mark>Gym</mark>	m Half Gym		Volleyball		Fall/Winter (September-February)			
Both/Either	Either Gym Both/Either Court		Other				*	
Total # of Hours	Fee/Hour		# of Courts		Total Due			
<ol> <li>It is your responsibiliti</li> <li>Please monitor restre</li> <li>Only athletic court sh</li> <li>Drugs, alcohol and to</li> <li>Except for water for o</li> <li>Rental fee is based o</li> <li>Payments by credit of Gym Reservations, 9</li> <li>Refunds will not be g</li> <li>To the fullest extent allo the individual members of from the use or occupated</li> </ol>	and Community Services by to leave the facility clear coms during and after you oes are allowed in the gyphacco products are not a competing athletes, absoluted the facility of Los and all City of Los and an all City of City property. All panization or group making	n. ur use. It is per mnasiums. (No allowed in City ( lutely no food or ces and games ted. Make chec ltos, CA 94022 ns of gym use r eby agrees to d altos officers, a applications sha	mitee's respond black soled shall be arrived by the control of the	sibility to lock rances.) If on Los Altos are hourly rate. If City of Los Alta Reservations are y and hold harroloyees from an apparature of a pe	School District mnasium.  os". Mail to: I e non-transferantess the City of y loss, damage rson 21 years	Property.  Los Altos Recrea  able.  of Los Altos, its go  , liability, cost or of or older who is o	overning board expense arisin duly authorized	
VERIFIED RESERVATI ATTENDANT TO MY F to abide by above-stated	y such use. I UNDERS ON RECEIPT. I HAV RENTAL OF THIS FACILI I rules may result in cancell	'E READ AN TY & I AGREE	D UNDERSTA TO ABIDE BY	AND THE AT	TACHED PO	LICIES AND Ferstand the refund	REGULATION	
Signature:					<u> </u>	Date:		
For Office Use Only	: Date Receiv	red:	Date Proces	ssed:	Receipt N	Number:		
Form Version: 7/15/2024	Roster Subn	nitted: Ins	— surance Exp. Da	te:				