

Los Altos Recreation & Community Services Department Gymnasium Reservation Application

Organization: _____ Tax ID: _____
 Contact Person: _____ Email: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Reservation Request:

Purpose of Use	Dates	Day of the Week	# of Days	Start Time	End Time	Length of Time (Hours)	Total # of Hours

*Attach Separate Sheet(s) if needed. If applicable, please include League Schedule. Total: _____

Group Type & Fees:

	<u>1/2 Gym</u>	<u>Full Gym</u>
Resident Non-Profit Youth Group <small>*Must show proof of 51% group residency</small>	\$37 / hour	\$74 / hour
Resident <small>*Must show proof of residency</small>	\$67 / hour	\$134 / hour
Non-Resident	\$84 / hour	\$168 / hour
Non-Resident Non-Profit	\$46 / hour	\$93 / hour
Commercial Use	\$134 / hour	\$268 / hour

Note: All reservations require a security deposit of \$500

Reservation Details:

Location:	Gym Size	Sport	Season
Blach Gym	Full Gym	Basketball	Spring/Summer (March-August)
Egan Gym	Half Gym	Volleyball	Fall/Winter (September-February)
★ Both/Either Gym	Both/Either Court	Other	

Total # of Hours	Fee/Hour	# of Courts	Total Due
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1. Los Altos Recreation and Community Services Department programs have priority.
2. It is your responsibility to leave the facility clean.
3. Please monitor restrooms during and after your use. It is permittee's responsibility to lock restrooms after use.
4. Only athletic court shoes are allowed in the gymnasiums. (No black soled shoes.)
5. Drugs, alcohol and tobacco products are not allowed in City Gymnasiums or on Los Altos School District Property.
6. Except for water for competing athletes, absolutely no food or drinks are allowed in the gymnasium.
7. Rental fee is based on total hours of all practices and games multiplied by the hourly rate.
8. Payments by credit card or check are accepted. Make check payable to "City of Los Altos". Mail to: Los Altos Recreation Dept., Gym Reservations, 97 Hillview Avenue, Los Altos, CA 94022.
9. Refunds will not be granted for any cancellations of gym use reservations. Reservations are non-transferable.

To the fullest extent allowed by law, Applicant hereby agrees to defend, indemnify and hold harmless the City of Los Altos, its governing board, the individual members thereof, and all City of Los Altos officers, agents and employees from any loss, damage, liability, cost or expense arising from the use or occupancy of City property. All applications shall bear the signature of a person 21 years or older who is duly authorized representative of the organization or group making the request, and further the applicant agrees to reimburse the City of any loss or damage to City property caused by such use. **I UNDERSTAND THAT THIS APPLICATION FOR USE IS NOT APPROVED UNTIL I RECEIVE A VERIFIED RESERVATION RECEIPT. I HAVE READ AND UNDERSTAND THE ATTACHED POLICIES AND REGULATIONS ATTENDANT TO MY RENTAL OF THIS FACILITY & I AGREE TO ABIDE BY THEM.** I have read and understand the refund policy. Failure to abide by above-stated rules may result in cancellation of reservation.

Signature: _____ Date: _____

For Office Use Only: Date Received: _____ Date Processed: _____ Receipt Number: _____

Form Version: 8/31/2018 Roster Submitted: _____ Insurance Exp. Date: _____