



City of Calipatria

125 North Park

Calipatria, Ca 92233

Office (760) 348-4141/Fax (760) 348-7035

www.calipatria.com

Facility Use Application

Last Name: _____ First Name: _____

Address: _____ City/Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Alternate Contact: _____

Organization Name _____

Organization Address: _____ City/Zip Code: _____

Activity Date(s): _____ Activity Hours: _____

Description of Event: _____

Requested Park Location:

Rademacher Park Caldwell Park Hernandez Park Mikesell Park

Type of Activity:

Athletic Practice Athletic Game Birthday Party Company Picnic
 Reunion Tournament Other _____

Estimated total attendance (including adults and children): _____

Requested Park Amenities/Facilities (Usage – Non-Refundable) Per Day Fee:

Usage fees are waived for Calipatria Non-Profit organizations with IRS Tax Exemption Notice. Fee is waived only if rental use is for free community-based event(s).

Community Center \$100 Well-Being Center \$100 Gazebo \$50 Park Shelter \$25
 Athletic Field Lights \$10 Power \$10 Water \$10

Refundable Deposit of \$100 required for all reservations for the below:

Cleaning Fee \$65 Restrooms Fee \$25 Key Fee \$10

*** No Alcoholic Beverages Allowed at any Parks and/or Facilities***

Applicants must provide insurance at the following minimal limits: \$1,000,000 combined single limit. Should any portion of the event be held on public property, this certificate of Insurance must name the City as an additional insured throughout the event or duration of request. The Certificate of Insurance, including limits of insurance, must be attached to this application upon completion.

Hold Harmless

The applicant will, at its sole expense, provide the City with evidence of insurance for general liability and Workers' Compensation benefits for accidents or injuries which or are sustained in the course of carrying out this contract. The Applicant agrees to indemnify, defend, and save City harmless from any and all liability, claims, damages, or injuries to any person, including injury to Applicant's employees, and all claims which arise or are connected with the negligent performance of or failure to perform work or negligent acts of the City, its agents or employees, and all expenses of investigating and defending against same.

Applicant Signature: _____ Date: _____

Receipt No. _____ Cash /Check # _____ Usage/Deposit/Both Fee(s) Paid: \$ _____

Rec'd By: _____ Date: _____