



City of Lemoore

Civic Auditorium

435 C St.

(559) 924-6744 Option 2

Email: parksandrecreation@lemoore.com

PLEASE NOTE:

This form is a request to use the CMC Recreation in conjunction with the activity listed below. Final approval shall be granted by the Parks & Recreation Department upon receipt of the "Application" and in accordance with the attached Terms and Conditions as outlined in the CMC Rental Policy. **No Alcohol allowed at any child centered event. Tables and Chairs are included with the price. Set-up IS NOT included. You will need to have your own set-up.**

Section I: INDIVIDUAL/ORGANIZATION INFORMATION

A. Individual Use

1. Name: _____
2. Phone No: _____
3. Address: _____ City: _____ Zip: _____
5. Email: _____
6. Resident: Yes: _____ No: _____

B. For Organization or Group Use

- 1.. Name of Organization or Group: _____
 2. Organization/Group Address: _____
 3. Name of Responsible Person: _____
- Address: _____ Phone: _____
- Email: _____
4. Non-Profit: Yes: _____, Non-Profit Number: _____ No: _____
 5. Type of Group: Resident: _____ Non-Resident: _____ Service Club: _____ Other: _____

Section II: RESERVATION INFORMATION (\$250 deposit required)

A. Facilities Desired:

1. Entire Facility: _____
2. Meeting Room Only: _____
3. Kitchen: _____
4. Additional Hours: _____
(Please state how many additional hours you will need)
5. Tables: _____, Chairs: _____
6. Foyer not including Kitchen: _____

Requested Date (s) and Time (s) of Use:

A. DECORATING DATE(S): _____ TIME (S): _____

KITCHEN USE DATE(S): _____ TIME (S): _____

RENTAL DATE(S): _____ TIME (S): _____

B. Type of Function (Meeting, dance, wedding reception, party, banquet, quincenera, fundraiser, etc.

Please describe in full): _____

C. Estimated highest number in Attendance during the rental? _____

D. SECURITY IS REQUIRED FOR EVENTS SERVING ALCOHOL OR IF EVENT IS ABOVE. * No Alcohol at any Child Event. *

E. Will any admission fee be charged? (Include dues, collections, donations, or other charges): Yes: ____ No: ____

F. Will Alcoholic Beverages be served? Yes: ____ No: ____ Sold? Yes: ____ No: ____

PLEASE NOTE:

The sale of Alcoholic Beverages must be accompanied by a one-day Liquor License from the Alcoholic Beverage Control of the State of California (in Fresno). State Law (AB13) prohibits smoking indoors in any public facility; and (AB 846) law prohibits smoking within 20 feet of main entrance, exit and operable windows of all public buildings.

If Rental is Cancelled there will be a \$100 cancellation fee imposed. _____INT

No Rice/Glitter/Confetti _____INT.

FACILITY MUST BE LEFT AS YOU FOUND IT – NO FOOD, SPILLS, DEBRIS _____INT.

In submitting this application for use, I hereby certify that the information provided herein is true and correct, and further understand that any false information submitted may be grounds for denial of this reservation.

SIGNATURE: _____

DATE: _____

City of Lemoore Fee Breakdown

Civic Auditorium			
City Sponsored Events		No Fee	
Entire Facility	\$450 / 4 hours	\$500 / 4 hours	\$315 / 4 hours
Any Additional Hours - Including Decorating/Cleanup	\$125 / hour	\$87.50/hour	
Conference Room Only	\$50 / hour	\$55 / hour	\$35 / hour
Foyer not including Kitchen	\$75 / hour	\$82.50 / hour	\$52.50 / hour
Kitchen	\$100 / hour	\$110 / hour	\$70 / hour
Tables	\$8 each	\$8 each	\$8 each
Chairs	\$1 each	\$1 each	\$1 each
Deposit	\$250	\$250	\$250