



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. 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.

The facility must be returned to its original condition, with all trash removed, floors cleaned, and no decorations left behind. If the kitchen is used, it must also be cleaned. Failure to comply will result in the forfeiture of the deposit.

_____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.

Total:

Deposit Taken:

Date of Deposit:

Remaining Balance:

Due By:

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