

City of Lemoore

Civic Auditorium

435 C St.

(559) 924-6744 Option 2

PLEASE NOTE:

Email: parksandrecreation@lemoore.com

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 de	eposit required)	
A. Facilities Desired:		
1. Entire Facility:	4. Additional Hours:	
	(Please state how many additional hours you will n	eed)
2. Meeting Room Only:	5. Tables:, Chairs:	
3. Kitchen:	6. Foyer not including Kitchen:	

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

Α.	DECORATING DATE(S):	TIME (S):				
	KITCHEN USE DATE(S):	TIME (S):				
	RENTAL DATE(S):	TIME (S):				
C.	Type of Function (Meeting, dance, wedding reception, party, banquet, quincenera, fundraiser, etc. Please describe in full): Estimated highest number in Attendance during the rental? SECURITY IS REQUIRED FOR EVENTS SERVING ALCOHOL OR IF EVENT IS ABOVE.					
	Event. * Will any admission fee be charged? (Include dues, collections, donations, or other charges): Yes: No: Will Alcoholic Beverages be served? Yes: No: Sold? Yes: No:					
PLE	EASE NOTE:					
the pro						
No	Rice/Glitter/ConfettiINT.					
	e facility must be returned to its original condition, with a hind. If the kitchen is used, it must also be cleaned. Failure INT.					
	submitting this application for use, I hereby certify that th derstand that any false information submitted may be gro	he information provided herein is true and correct, and further ounds for denial of this reservation.				
Tot	tal:					
	posit Taken:	Date of Deposit:				
Rer	maining Balance:	Due By:				
SIG	NATURE:	DATE:				

Form Date: 2025

City of Lemoore Fee Breakdown

Civic Auditorium			
	Resident	Non Resident	Non Profit
Entire Facility w/ Kitchen	\$465.75 / 4 hours	\$517.50 / 4 hou	rs \$326.03 / 4 hours
Any Additional Hours - Including Decorating/Cleanup	\$129.38 / hour	\$129.38/hour	\$90.56/hour
Conference Room Only	\$51.75 / hour	\$56.93 / hour	\$36.23 / hour
Foyer not including Kitchen	\$77.63 / hour	\$85.39 / hour	\$54.34 / hour
Kitchen	\$103.50 / hour	\$113.85 / hour	\$72.45 / hour
Tables	\$8.28 each	\$8.28 each	\$8.28 each
Chairs	\$1.04 each	\$1.04 each	\$1.04 each
Deposit	\$258.75	\$258.75	\$258.75