



City of Lemoore

D Street Plaza

328 w D st, Lemoore, CA 93245 (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.**

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 (See below for pricing)

A. Facilities Desired:

B. Gazebo: _____

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

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

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

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

E. 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.

Total:

Deposit Taken:

Date of Deposit:

Remaining Balance:

Due By:

SIGNATURE: _____

DATE: _____

Fee Breakdown

	Resident	Non-Resident	Non-Profit
Kings Lions Complex			
Gazebo	\$53 / 4 hours	\$64 / 4 hours	\$37/ 4 hours
Deposit	\$80	\$80	\$80