## APPLICATION FOR USE

Rodeo Senior Center 189 Parker Avenue, Rodeo, CA

i de l

94572

Renter	Information		
Organiz	ation/Individual Name	New Horizons CDC	
	ted person in charge charge must attend event)	Dr. Anthony Hodge	
Street		199 Parker Avenue	
City/Sta	te/Zip	Rodeo, CA 94572	
Phone _	510 -799-2916Alt. Phone	415-725-7142Fax 510-799-7816	
Email ac	ldress	anthonyakhodge @ newhorizonside.com	
Event In	nformation		
	Date Requested  11 /20 /2015 (FRiday)  Time Requested  9411 6 pm		
Briefly describe the event the facility will be used for: Annual Community Thanks giving Meal			
Other In	<u>formation</u>		
	This is a youth group event (please incl groups only (i.e. Girl Scouts, YMCA, e	ude chaperone list) – Please note: organized youth stc) no youth parties.	
	This is an ongoing event. Please retain facilities are no longer needed.	deposit notified by organization/individual the	
Agreem	ent		

My signature certifies that I have read that Rules and Regulations's governing the use of the items specified above; that I will take full facilities/area(s) by the organization/group I represent is in full adh will hold CCC harmless from any damage, claims for damage for property, claims for damage to or loss of property incurred in the u minors in the group using the facilities/area(s), I will accept full rest by this Application of Use of the Rodeo Senior Center.  Applicant's Signature	responsibil herence and personal injusts of these	ity for seeing that t compliance with the ury or death, dama facilities/area(s): the	the use of these hese conditions; that I ge to or loss of
EVENT FEES  Please check the box the best represents your event - If y	DOIN avant	does not fit and	
below or if you are seeking a fee exemption, please contact 3137250.	ct the Con	atra Costa Coun	ty at (925)
EVENT TYPE		<b>FEE</b>	DEPOSIT
Government Agency meeting (open to public)	\$ free	\$100	
Resident nonprofit meeting (less than 3 hours)	\$ 15	\$100	Resident
nonprofit event (3 - 10 hours) \$ 75 \$100 baby shower) \$100 \$200		Resident indiv	vidual event (i.e.
Non-resident individual event \$200 *Residents are defined as organizations or individuals located in zip	\$200 code 9457	2	
Additional fees			
⊠ Kitchen use \$ 50			
Hourly rate over 10 hour max – resident	\$ 25/hi	r	
Hourly rate over 10 hour max – nonresident	\$ 35/hi	•	
Amount Due			
Event Fees: and Additional Fees: rec	d/or creating direction di	s) violating the rung a public nuisa eave the facility a rtions of the dep	and the renter by
Date received Received by			

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	Deposit received Amount \$	Receipt Number	
	Event Fee received (including add Amount \$	itional charges)	
	Checked Applicant ID		
	Chaperone list for youth groups re  Number of youth  o Number of chaperones(A  chaperones and phone		
Applica	ation is   APPROVED  DENIED		
By: <b>Return</b>	1	Deposit	
Renter	Information		
Organiz	ation/Individual Name	New Horizons CDC	
Designa	ited person in charge	Dr. Anthony Hodge	
Street		199 PARKER Avenue	
City/Sta	te/Zip	Rodes, CA 94572	
Phone &	30-799-2916 Alt. Phone	415-725-7142Fax 510-799-7816	
Email ac	Idress	anthonyakhodge @newhorizonscdc.c	on
Deposit		, suit	3

This is an facilities a	ongoing event. Please re- are no longer needed.	tain deposit notified by organization/individual the
Deposit Less charges Balance	\$ \$ \$	
Date paid	Check	
Reason for charges		
	NTER WITH DEPOSIT	
Renter Information	on	
Organization/Indiv	ridual Name	New Horizons CDC
Designated person	in charge	Dr. Anthony Ardge
Deposit Refund D	etail	
Deposit Less charges Balance	\$ \$ \$	
Date paid	Check	
Reason for charges	:	

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Renter Information	
Organization/Individual Name	New Horizons CDC
Designated person in charge (Person in charge must attend event)	Dr. Anthony Hodge
Street	199 Parker Avenue
City/State/Zip	hoder, CA 94572
Phone <u>510-799-291</u> C Alt. Phone	415-725-7142Fax 510-799-7816
Email address	anthony a Khodge @ new horizons cdc. con
Event Information	
Date Requested Time Requested	Fliday, December 18, 2015
Briefly describe the event the facility will be u	sed for: 1015tmas Meal
Other Information	
This is a youth group event (please in groups only (i.e. Girl Scouts, YMCA,	clude chaperone list) – Please note: organized youth etc) no youth parties.
This is an ongoing event. Please retain facilities are no longer needed.	in deposit notified by organization/individual the
Agreement	

governing facilities will hole property minors i	ature certifies that I have read that Rules and Regulations ing the use of the items specified above; that I will take full s/area(s) by the organization/group I represent is in full add d CCC harmless from any damage, claims for damage for c, claims for damage to or loss of property incurred in the gint the group using the facilities/area(s), I will accept full reapplication of Use of the Rodeo Senior Center.	responsibilitherence and control personal injustuate of these factors.	y for seeing that the compliance with the ry or death, damage acilities/area(s); the	e use of these ese conditions; that I e to or loss of at if there are any
Applic	cant's Signature		Date	
Please	NT FEES  check the box the best represents your event - If or if you are seeking a fee exemption, please cont 50.	your event act the Con	does not fit one tra Costa Count	of the categories ty at (925)
	EVENT TYPE		FEE	<b>DEPOSIT</b>
	Government Agency meeting (open to public	s) \$ free	\$100	
X	Resident nonprofit meeting (less than 3 hours		\$100	Resident
(		0 🗆	Resident indiv	vidual event (i.e.
*Resid	Non-resident individual event \$20 lents are defined as organizations or individuals located in		72	
Addit	tional fees			
X	Kitchen use \$ 50			
$\square$	Hourly rate over 10 hour max - resident	\$ 25/1	hr	
	Hourly rate over 10 hour max - nonresident	\$ 35/	hr	
Amo	unt Due			
Addi Tota	osit:  It Fees:  It Fees:  It Fee Due:  Ce Use Only	and/or crea	iting a public nui	and the renter by
Date	received Received by			

	Deposit received Amount \$	Receipt Number	
	Event Fee received (including additional Amount \$		
	Checked Applicant ID Driver's License #		
		least 1 chaperone for every 10 youth) o Names of	
	chaperones and phone	numbers for chaperones o	
		o o	
Applic	ation is   APPROVED  DENIED  Reason for denial:		
By:		Deposit	
By: <b>Retur</b>		Deposit	
Retur		Deposit	
Renter	n	Deposit  New Horizons CDC	
Renter	n Information	Deposit  New Horizons CDC  Dr. Anthony Hodge	
Renter	n Information zation/Individual Name	New Horizons CDC Dr. Anthony Hodge 199 Parker Avenue	
Return Renter Organi Design	n Information zation/Individual Name	New Horizons CDC Dr. Anthony Hodge	
Renter Organi Design Street City/St	n Information zation/Individual Name nated person in charge	New Horizons CDC Dr. Anthony Hodge 199 Parker Avenue	
Renter Organi Design Street City/St	r Information zation/Individual Name nated person in charge	New Horizons CDC  Dr. Anthony Hodge 199 Parker Avenue Rodro, CA 94572	m

This is an ongoing event. Please retain deposit notified by organization/individual the facilities are no longer needed.
Deposit         \$           Less charges         \$           Balance         \$
Date paid Check #
Reason for charges:
RETURN TO RENTER WITH DEPOSIT
Renter Information
Organization/Individual Name  1 Au Horizons CDC
Designated person in charge  Dr. Anthony Hodge
Deposit Refund Detail
Deposit \$ Less charges \$  Balance \$
Date paid Check #
Reason for charges: