

APPLICATION FOR USE

Rodeo Senior Center  
189 Parker Avenue, Rodeo, CA 94572

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

Rodeo, CA 94572

Phone 510-799-2916 Alt. Phone

415-725-7142 Fax 510-799-7816

Email address

anthonyakhodge@newhorizonscdc.com

Event Information

Date Requested

11/20/2015 (Friday)

Time Requested

9AM to 6PM

Briefly describe the event the facility will be used for:

Annual Community Thanksgiving Meal

Other Information



This is a youth group event (please include chaperone list) – Please note: organized youth groups only (i.e. Girl Scouts, YMCA, etc) no youth parties.



This is an ongoing event. Please retain deposit notified by organization/individual the facilities are no longer needed.

Agreement

My signature certifies that I have read that Rules and Regulations set forth by the Contra Costa County (CCC ) governing the use of the items specified above; that I will take full responsibility for seeing that the use of these facilities/area(s) by the organization/group I represent is in full adherence and compliance with these conditions; that I will hold CCC harmless from any damage, claims for damage for personal injury or death, damage to or loss of property, claims for damage to or loss of property incurred in the use of these facilities/area(s); that if there are any minors in the group using the facilities/area(s), I will accept full responsibility for them throughout the period covered by this Application of Use of the Rodeo Senior Center.

Anthony Hodge  
Applicant's Signature

10/7/2015  
Date

### EVENT FEES

Please check the box the best represents your event - If your event does not fit one of the categories below or if you are seeking a fee exemption, please contact the Contra Costa County at (925) 3137250.

| <u>EVENT TYPE</u>  | <u>FEE</u>                           | <u>DEPOSIT</u>                              |
|--|--------------------------------------|---|
| <input type="checkbox"/> Government Agency meeting (open to public)                | \$ free                              | \$100                                       |
| <input checked="" type="checkbox"/> Resident nonprofit meeting (less than 3 hours) | \$ 15                                | \$100 <input type="checkbox"/> Resident     |
| <input checked="" type="checkbox"/> nonprofit event (3 - 10 hours)<br>baby shower) | \$ 75 \$100 <input type="checkbox"/> | Resident individual event (i.e. \$100 \$200 |
| <input type="checkbox"/> Non-resident individual event                             | \$200                                | \$200                                       |

\*Residents are defined as organizations or individuals located in zip code 94572

### Additional fees

|   |          |
|---|----------|
| <input checked="" type="checkbox"/> Kitchen use                             | \$ 50    |
| <input checked="" type="checkbox"/> Hourly rate over 10 hour max – resident | \$ 25/hr |
| <input type="checkbox"/> Hourly rate over 10 hour max – nonresident         | \$ 35/hr |

### Amount Due

Deposit: \_\_\_\_\_  
Event Fees: \_\_\_\_\_  
Additional Fees: \_\_\_\_\_  
Total Fee Due: \_\_\_\_\_

Any person(s) violating the rules and regulations and/or creating a public nuisance may be required to leave the facility and the renter by lose all or portions of the deposit

### Office Use Only

Date received \_\_\_\_\_

Received by \_\_\_\_\_

- ☐ **Deposit received**  
Amount \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_
- ☐ **Event Fee received (including additional charges)**  
Amount \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_
- ☐ **Checked Applicant ID**  
Driver's License # \_\_\_\_\_
- ☐ **Chaperone list for youth groups received** ○  
Number of youth \_\_\_\_\_  
○ Number of chaperones \_\_\_\_\_ (At least 1 chaperone for every 10 youth) ○ Names of  
chaperones and phone numbers for chaperones ○  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application is ☐ **APPROVED**

☐ **DENIED**

Reason for denial: \_\_\_\_\_

By: \_\_\_\_\_

**Return**

**Deposit**

**Renter Information**

Organization/Individual Name

New Horizons CDC

Designated person in charge

Dr. Anthony Hodge

Street

199 Parker Avenue

City/State/Zip

Rodeo, CA 94572

Phone 510-799-7916

Alt. Phone

415-725-7142 Fax 510-799-7816

Email address

anthonyakhodge@newhorizonscdc.com

**Deposit Refund Detail**



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

New Horizons CDC

Designated person in charge

Dr. Anthony Hodge

**Deposit Refund Detail**

Deposit \$ \_\_\_\_\_

Less charges \$ \_\_\_\_\_

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Email address

anthony.a.k.hodge@newhorizonscdc.com

Event Information

Date Requested

Friday, December 18, 2015

Time Requested

9 AM to 6 PM

Briefly describe the event the facility will be used for:

Annual Community Christmas Meal

Other Information



This is a youth group event (please include chaperone list) – Please note: organized youth groups only (i.e. Girl Scouts, YMCA, etc) no youth parties.



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\_\_\_\_\_  
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**Balance** \$ \_\_\_\_\_

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Reason for charges: