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 Papiler Huenus					
City/State/Zip Rodeo, CA 94572					
Phone <u>510-799-2916</u> Alt. Phone <u>415-725-7142</u> Fax <u>510-799-7816</u>					
Email address anthony ak hodge @new horizons cole. Can					
Event Information					
Date Requested Time Requested FRiday, November 18, 2016 Logim to 6 pm					
Annual Community Holiday Fleding/meal and					
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.					
Applicant's Signature Date					

T	X 7	10	TAT	T		T	C

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) 313-2272.

		t Agency m	neeting (open	-		FE \$ fr	ee	DEPOSIT \$100
37			eting (less than		s)	\$ 1		\$100
SA SA		•	nt (3 - 10 hou			\$ 7		\$100
님			ent (i.e. baby s	shower)		\$10		\$200
*Paridor	Non-residen		l event is or individuals	logated in	zin codo 04572	\$20	00	\$200
		s organization	is of individuals	iocated in	zip code 94372			
	onal fees							
	Kitchen use					\$ 5	50	
X	Hourly rate	over 10 ho	ur max – resid	lent		\$ 2	25/hr	
	Hourly rate	over 10 ho	ur max – nont	resident		\$ 3	35/hr	
Amou	nt Due		lantarpoilition and an account of the lantary control of the lantary			***************************************		
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Office	Use Only	,						
Date rec	eived 9/21/	114	Received by	24	henitt			
	Deposit rec	eived	\$		Receipt Number			
	Event Fee	received (i	ncluding add	itional o				
	Amount		\$	Parameters.	Receipt Number		***************************************	
	Checked A Driver's Lie		D #					
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								
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	0		***************************************					
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Applic	ation is		PPROVED ENIED r denial:					**************************************
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Regnest for fee & déposit wairer.

Deposit Return

Renter Information					
Organization/Individual Name New Horizons CDC					
Designated person in charge Dr. Anthony Hodge					
Street	199 Parker Ave.				
City/State/Zip	Rodeo, CA 94572				
Phone Alt. Phone	Fax				
Email address					
Deposit Refund Detail					
This is an ongoing event. Please retain facilities are no longer needed.	deposit notified by organization/individual the				
Deposit \$ Less charges \$ Balance \$					
Date paid Check #					
Reason for charges:					

RETURN TO RENTER WITH DEPOSIT					
Renter Information					
Organization/Individual Name	New Horizons Career Development Cent				
Designated person in charge	1. Hnthony Hodge				
Deposit Refund Detail	V V				
Deposit \$					
Date paid Check #					
Reason for charges:					

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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 HUENNO				
City/State/Zip	Roder, CA 94572				
Phone <u>510 - 799 - Z</u> 916 Alt. Phone	4157257142 Fax 5110-799-7816				
Email address					
Event Information					
Date Requested Time Requested	FRIday, 12/16/2016 FROM 10 am to SHEWOOD 12/17/2016 - FROM 100 am				
Briefly describe the event the facility will be us finnual Community Holida Drive / give-a way	ed for: 4 Feeding & Tof & Food Basked				
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. Applicant's Signature Date					

<i>2272</i> .	r if you are seeking a fee exemption, please contact the Contr	a Costa County	the categories at (925) 313-
	EVENT TYPE	FEE	DEPOSIT
1 1	Government Agency meeting (open to public)	\$ free	\$100
	Resident nonprofit meeting (less than 3 hours)	\$ 15	\$100
abla	Resident nonprofit event (3 - 10 hours)	\$ 75	\$100
	Resident individual event (i.e. baby shower)	\$100	\$200
□ *Resider	Non-resident individual event tts are defined as organizations or individuals located in zip code 94572	\$200	\$200
Additio	onal fees		
Q.	Kitchen use	\$ 50	
1	Hourly rate over 10 hour max - resident	\$ 25/hr	
	Hourly rate over 10 hour max – nonresident	\$ 35/hr	
Amon	nt Due		
Total	required to let lose all or por lose all or por let lose all or por lose of lose of lose all or por lose of lose of lose all or por lose of lo	rtions of the depor	sit
	Amount \$ Receipt Nur Event Fee received (including additional charges) Amount \$ Receipt Nur	mber	
	Amount \$ Receipt Nur Event Fee received (including additional charges)		
	Amount \$ Receipt Nur Event Fee received (including additional charges) Amount \$ Receipt Nur Checked Applicant ID	mber ne for every 10 y	vouth)
Applie	Amount \$ Receipt Nur Event Fee received (including additional charges) Amount \$ Receipt Nur Checked Applicant ID Driver's License # Chaperone list for youth groups received Number of youth Number of chaperones (At least 1 chaperone) Names of chaperones and phone numbers for chaperone Output Driver's License #	mber ne for every 10 y	outh)
Applied	Amount \$ Receipt Nur Event Fee received (including additional charges) Amount \$ Receipt Nur Checked Applicant ID Driver's License # Chaperone list for youth groups received Number of youth Number of chaperones (At least 1 chaperone) Names of chaperones and phone numbers for chaperone APPROVED DENIED	mber ne for every 10 y	vouth)

Begnest for fee + deposit waiver.

Deposit Return

Renter Information	1				
Organization/Individ	dual Name				
Designated person in	n charge				
Street					
City/State/Zip					
Phone	Alt. Phone	Fax			
Email address					
Deposit Refund De	tail				
This is an or	ngoing event. Please retain de no longer needed.	deposit notified by organization/individual the			
Deposit Less charges Balance	\$ \$ \$				
Date paid Check	#				
Reason for charges:					
RETURN TO REN	TER WITH DEPOSIT				
Renter Information	n				
Organization/Indivi	dual Name	Hew Horizons CDC. Anthony Hodge			
Designated person in charge Dr. Anthony Hodge					
Deposit Refund De	etail	·			
Deposit Less charges Balance	\$ \$ \$				
Date paid Check	#				
Reason for charges:					