

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

Friday, November 18, 2016

Time Requested

10am to 6pm

Briefly describe the event the facility will be used for:

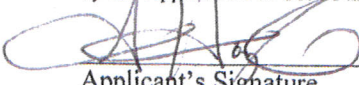
Annual Community Holiday Feeding/meal and Turkey / Food Basket give-away

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

9/16/2016
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) 313-2272.

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

100 -
75
50
\$125

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 9/21/16 Received by Ushenitt

- 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**
 - o Number of youth _____
 - o Number of chaperones _____ (At least 1 chaperone for every 10 youth)
 - o Names of chaperones and phone numbers for chaperones
 - o _____
 - o _____
 - o _____
 - o _____

Application is APPROVED DENIED
Reason for denial: _____

By: _____

Request for fee & deposit waiver.

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 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 Career Development Center
Designated person in charge Dr. Anthony Hodge

Deposit Refund Detail

Deposit \$ _____
Less charges \$ _____
Balance \$ _____

Date paid _____
Check # _____

Reason for charges:

APPLICATION FOR USE

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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

Event Information

Date Requested

Friday, 12/16/2016 From 10am to 6pm

Time Requested

Saturday, 12/17/2016 - From 10am to 6pm

Briefly describe the event the facility will be used for:

Annual Community Holiday Feeding & Toy & Food Basket Drive / give-away

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

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[Signature]
Applicant's Signature

9/16/2016
Date

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Additional fees

<input checked="" type="checkbox"/> Kitchen use	\$ 50
<input 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:

100 —
 150 —
 100 —
 \$250 —

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 9/21/16

Received by

W. Shurtl

- Deposit received**
Amount \$ _____ Receipt Number _____
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Amount \$ _____ Receipt Number _____
- Checked Applicant ID**
Driver's License # _____
- Chaperone list for youth groups received**
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 - o _____
 - o _____

Application is

- APPROVED
- DENIED

Reason for denial: _____

By: _____

Request for fee + deposit waiver.

Deposit Return

Renter Information

Organization/Individual Name _____

Designated person in charge _____

Street _____

City/State/Zip _____

Phone _____ Alt. Phone _____ Fax _____

Email address _____

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 \$ _____

Balance \$ _____

Date paid _____

Check # _____

Reason for charges: