



RECREATION DEPARTMENT
7007 MOESER LANE
EL CERRITO, CA 94530
(510) 559-7000 Fax (510) 528-9413

Picnic Rental Application

Check Picnic Site Requested (ALL SITE ARE RENTED 8AM-DARK)

- | | |
|---|--|
| <input type="checkbox"/> Arlington Picnic Area # 1 (BBQ) | <input type="checkbox"/> Harding Picnic Area (BBQ) |
| <input type="checkbox"/> Arlington Picnic Area # 2 (NO BBQ) | <input type="checkbox"/> Canyon Trail Picnic Area (BBQ) |
| <input type="checkbox"/> Arlington Picnic Area # 3 (NO BBQ) | <input type="checkbox"/> Castro Picnic Area (NO BBQ) |
| <input type="checkbox"/> Arlington Picnic Area # 4 (BBQ) | <input type="checkbox"/> Tassajara Picnic Area (BBQ) |
| <input type="checkbox"/> Arlington Picnic Area # 5 (BBQ) | <input type="checkbox"/> Cerrito Vista Picnic Area (BBQ) |

Please note that Picnic Rentals do not include the use of nearby Clubhouses or fields, they must be reserved separately.

Requested Date: _____
DAY OF WEEK MONTH DATE YEAR

RENTAL CLASSIFICATION (PLEASE CHECK ONLY ONE):

<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> City Event
<input type="checkbox"/> WCCUSD program	<input type="checkbox"/> City Co-Sponsored	
<input type="checkbox"/> Non-Profit Resident	<input type="checkbox"/> Non-Profit Non-Resident* (Provide proof of Non-profit status)	

Applicant's Name: _____
(PLEASE PRINT CLEARLY)

Organization: _____

Address: _____
(STREET ADDRESS) CITY STATE ZIP

Day Phone: (____) _____ **Evening Phone:** (____) _____

Email Address: _____

Type of Activity: _____

Number in Attendance: _____ Children _____ Teens _____ Adults

OVER
 ►►►

OFFICE USE ONLY

FEE: \$ _____ \$15 RESTROOM KEY (circle one): YES NO

CERRITO VISTA VOLLEYBALL NET DEPOSIT : \$ 75 DATE PAID: _____

TOTAL PAID: \$ _____ Form of Payment? (circle one): Visa Mastercard Check# _____ Cash

DATE PAID: _____ ENTERED IN BOOK? YES NO STAFF SIGNATURE: _____

PERMIT #: _____ NOTES: _____



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RENTAL AGREEMENT (Please initial on lines)

- _____ 1. Applicant will accept full responsibility for the use of this facility during scheduled rental hours.
- _____ 2. Any damages incurred during scheduled rental hours will be paid by the applicant. applicant agrees to clean up after themselves, leaving the picnic area in the condition found, or better.
- _____ 3. Applicant understands that no alcoholic beverages may be served at any of the picnic areas located in the City of El Cerrito.
- _____ 4. Applicant understands that there are no tumbling, re-bounding or trampoline-like devices permitted in most parks. Bounces Houses may be used at Cerrito Vista Park ONLY.
- _____ 5. **Applicant understands that there may be a field or clubhouse rental at the same time as their picnic rental. Fields and clubhouses are reserved separately for an additional charge and not included in the picnic rental fee.**

RESTROOM KEY: Available for purchase during office hours Monday thru Friday 8:00am-5:00pm. The key cost is \$15.00.

RECYCLING: The policy of the City of El Cerrito is to encourage recycling of bottles and cans. Special receptacles are provided and we encourage everybody to participate.

FEES: Payment is due at the time of rental. If a cancellation is requested, the rental fee will be forfeited. If a change in date is requested, there is a \$15.00 fee for rescheduling. In the event of rain, a refund will be made, upon request.

BBQ POLICIES: Applicant agrees to adhere to supplemental El Cerrito Fire Department Informational Sheet, regarding the use of personal barbecues.

MUSIC: No amplified music without special permit.

I hereby release and hold harmless the City of El Cerrito, its officers, employees, and volunteers from liability for damages, cost and expenses which may incur as a result of property damage or personal injury in connection with renting the above facility.

I have read and understand the responsibilities of an applicant renting the City of El Cerrito facilities.

Signature

Date