

City of West Sacramento Recreation Center

Community/Party Room Rental Guidelines

Thank you for your interest in the West Sacramento Recreation Center. It is our intent to provide an exciting, fun, and safe environment for your next party/rental. We are committed to making your event a pleasurable and positive experience for everyone including Recreation Center Patrons. We are here to assist you with the planning and able to provide important information necessary to facilitate a great experience. We ask that you follow these guidelines;

1. Rental requests will be **TENTATIVELY** scheduled on the calendar.
2. Rental Deposits **MUST** be paid within 3 days from creation of invoice on your account; failure to comply will result in the removal of your rental request from the calendar. (You may pay for your deposit either at the Recreation Center or online)
3. Rental fees **MUST** be paid within 48 hours of rental approval; failure to pay the fees within this time frame will result in cancellation of rental. Prior to your deposit refund, a **25% administration fee** will be deducted from your rental deposit.
4. The primary user will provide a list of participants attending.
5. The primary user will have all participants sign either a liability roster or individual liability forms.
6. Party room rentals will use individual liability forms. Community rentals will use the liability roster form.
7. Rosters/Liability forms will be submitted prior to participants being escorted back to the rooms. This will be reviewed by the Supervisor prior to entering.
8. The Supervisor will provide a "Special Event Pass" or "Special Event Wrist Band" for Parties to be worn by each participant (if applicable).
9. The primary user will meet, greet and escort the group back to the party/community rooms.
10. Primary user is responsible for their group.



West Sacramento
Parks & Recreation
Rental Application
Recreation Center
2801 Jefferson Blvd.
(916) 617-4770



Day/Date of Event: _____

Time of Event (include set-up and clean-up) **From:** _____ **To:** _____

(Note: All events must end by 9 p.m. during weekdays and weekends by 8 p.m. the rental must include scheduled time for set-up and clean-up.)

How many total people will be attending this event? _____

Type of Event: _____

Primary Contact Person:

Name: _____

Address: _____ City: _____ Zip: _____

Phone: () _____ Cell: () _____ Email: _____

Secondary Contact Person: *(This person will be contacted if the primary contact person is unavailable)*

Name: _____

Address: _____ City: _____ Zip: _____

Phone: () _____ Cell: () _____

Please describe in detail, what activities will occur at this event. *(i.e.: This will be a company party with 50 people attending. We will have a band and lights. We plan on having a sit down dinner. Raffle tickets will be sold (3 for \$1.00) to win a trip to Hawaii.)*

Will admission be charged to attend this event?: Yes No

Is this a fund-raising event?: Yes No

Fund raising events must be approved by the Parks & Community Services Commission

Fund raising approved?: Yes No _____
Meeting Date

Will you be selling anything at this event? (raffle tickets, drinks): Yes No
If yes, what will you be selling: _____

Will this event be catered?: Yes No

If yes, please complete the following information:

Name of Caterer: _____
Contact Person: _____
Address: _____
Phone Number: _____

Will there be paid or volunteer entertainment at your event: Yes No

(D. J., Clown, Magician, Band)

If yes, please complete the following information:

Name of Company: _____
Contact Person: _____
Address: _____
Phone Number: _____

Please list in detail, those items which you will be bringing to facility for your event:

If you are having items delivered to the facility, please complete the following.
 Note: There must be a representative of your party on site to sign for any deliveries.

Item	Company	Arrival Date/Time	Company Phone #
<i>Ex. Flowers</i>	<i>Plants are us</i>	<i>Monday between 10-11</i>	<i>123-4567</i>

Additional requirements that *may* be necessary for this event.

City of West Sacramento Special Event Permit: _____

A.B.C. License: _____

Security: _____

(Requirements that will be necessary for this event: \$1,000,000.00 Insurance certificate for Comprehensive General or Comprehensive Personal Liability; also required an Additional Insured Endorsement naming: "The City of West Sacramento its officers, officials, employees and volunteers as additional insured." Also include facility name and date of event)

Will you be securing the Insurance and Endorsement from your own source, such as your homeowner's policy? Yes No

Would you like to purchase Insurance and Endorsement from the City's Risk Management Provider YCPARMIA? Yes No
 (If yes please inform the designated City employee)

Equipment requested:

Description	Available #	Size	Seating Capacity	Number Requested
Rectangular Tables	15	30 in x 60 in	6 adults	
Chairs	88	Black Plastic, sled type	N/A	
PA System	1	Music System	N/A	
Projector and Screen	1	AV System	N/A	

Rooms	*Resident Rates	*Non-Resident Rates	Business Rates	Non-Profit Rates
Patio Area	\$20.00 per hr *	\$30.00 per hr *	N/A	N/A
Small Room (Comm. Rm. C)	\$20.00 per hr *	\$30.00 per hr *	N/A	N/A
Comm. Rm. A	\$30.00 per hr *	\$40.00 per hr *	N/A	N/A
Comm. Rm. B	\$30.00 per hr *	\$40.00 per hr *	N/A	N/A
<p>*Rental rates reflect a 90min rental. Any additional rental time will be at the hourly rate listed. *Day passes for each participant are required for rentals. \$3.50 student/senior and \$5.00 adult day pass fees.</p>				
Room Rental Combos	*Resident	*Non-Resident	Business Rates	Non-Profit Rates
Patio Area & Comm. Rm. C	\$40.00 per hr *	\$60.00 per hr *	N/A	N/A
Comm. Rm. A & Comm. Rm. B	\$60.00 per hr *	\$80.00 per hr *	N/A	N/A
Comm. Rm. B & Comm. Rm. C	\$50.00 per hr *	\$70.00 per hr *	N/A	N/A
Patio Area & Comm. Rm. A & Comm. Rm. B & Comm. Rm. C	\$90.00 per hr *	\$140.00 per hr *	\$50.00 per hour	\$25.00 per hour
<p>*Rental rates reflect a 90min rental. Any additional rental time will be at the hourly rate listed. *Day passes for each participant are required for rentals. \$3.50 student/senior and \$5.00 adult day pass fees.</p>				
<p>Special requests during non-scheduled hours for Rock Wall, Sports Wall and Inflatable's; fees are as follows: (Does not include day pass fees)</p>				
Include the following: 2 hours of use, 2 staff and amenity of your choice	\$60.00	\$65.00	\$65.00	\$60.00

For office use only

Facility: Recreation Center

Deposit Amount Received: _____

Deposit Receipt #: _____

Total Amount Due: _____

Date Liability Insurance Submitted: _____ (As required by City)

Special Event Permit Approval Date: _____

Total Amount Paid: _____ Date Received: _____

Receipt #: _____ Received by: _____

Paid by: Check _____ Cash _____ Credit Card _____ Other _____

Credit Card Approval Code: _____

Refunded Deposit

Amount use and for what purpose: _____

Amount processed to be returned to renter: _____

Date Processed to be paid: _____