



City of Hughson

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Hughson CA 95326
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COMMUNITY SENIOR CENTER APPLICATION FORM

2307 4th Street - Hughson, CA 95326

Applicant Name:
Address: City/State/Zip:
Mailing Address (If Different): City/State/Zip:
Phone: Alt. Contact: Alt. Phone:

E-mail Address:

EVENT DATE(S): Number of Guests: Event Hours:

Event Type: Non-Profit: Y N

Event Insurance is needed for all events at the Community Senior Center naming CITY OF HUGHSON as Additional Insured & \$1,000,000 policy.
ALCOHOL: Y N SOLD: Y N SERVED: Y N
\*NO ALCOHOL is allowed at minor events. Additional Security is required if alcohol will be available at your event.

Classification of Event: General Public Private Fundraiser: Y N Event for Minor: Y N

Food: Sold Served No Food Food Prep: On site Off site

Entertainment: Y N Entertainment Type: Friday Night Set-Up: Y N

Notes:

Rules, Regulations, Waiver and Fees
I \_\_\_\_\_, hereby confirm and acknowledge that I have fully read the Community/Senior Center Rules, Regulations and Fees, and understand that any violation to these Rules and Regulations is subject to cancellation of the scheduled event and/or forfeiture of the damage deposit. I also acknowledge that I have been informed of the cameras in the community/senior center and I understand that they are there for security purposes and will be used to confirm an incident should one arise.

Communicable Disease Waiver and Release: Undersigned waives and releases the City from any and all claims, causes of action, allegations, or assertions that may arise relating to infection of any person by COVID-19 or other communicable disease that occurs, or is alleged to occur, during the event. Undersigned also agrees to defend, indemnify, and hold City harmless from any and all claims, causes of action, allegations, or assertions made against City or City's employees arising from or relating to actual or alleged infection occurring during the event, except where caused by the sole negligence or willful misconduct of the City.

I declare the above stated information is true and correct to the best of my knowledge and understand my reservation is subject to cancellation if actual information differs significantly from the above.

Signature of Applicant Date

\*\*\*OFFICE USE ONLY\*\*\*

Table with 6 columns: Rental Fee, AMOUNT, DATE PAID/AMT, Cash/CK/CCd, Rec. By, Security & Insurance Contract. Rows include In Town, Out of Town, Friday Night, Damage Deposit, DD/Mopping.

Date Mailed Out:

Check Number:

Date Requested:

REFUND STATUS: