



City of Hughson
 7018 Pine St. / P.O. Box 9
 Hughson CA 95326
 Phone:209-883-4054 - Fax:209-883-2638
UNITED SAMARITANS FOUNDATION APPLICATION FORM
 2413 Third Street - Hughson, CA 95326

Applicant Name or Company (If Applicable): _____

Address: _____ City/State/Zip: _____

Mailing Address (If Different): _____ City/State/Zip: _____

Phone: _____ Alt. Contact: _____ Alt. Phone: _____

E-mail Address: _____ Room Requested: North South Both

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

Event Type: _____ **USF Sponsored Event:** Y N **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 United Samaritan Foundation 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.

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.

_____ Date

Signature of Applicant

OFFICE USE ONLY

Rental Fee	AMOUNT	DATE PAID/AMT	Cash/CK/CCd	Rec. By	Security & Insurance Contract
In Town	varies				Due Date: _____
Out of Town	varies				Security: <input type="checkbox"/>
Friday Night	\$75.00				Name of Company: _____
Damage Deposit	\$500.00				Occupancy Permit: <input type="checkbox"/>
DD/Mopping *included in rent fee	\$145.00				Copy of Insurance: <input type="checkbox"/>

Date Mailed Out: _____

Check Number: _____

Date Requested: _____

REFUND STATUS: _____