



# Claremont Unified School District Request For City of Claremont Building Use

City of Claremont Human Services  
Facilities Office  
1700 Danbury Road, Claremont, CA 91711  
(909) 399-5490  
<http://www.ci.claremont.ca.us>

CITY OF  
CLAREMONT  
APPROVAL

Rev. 08/2013

**EVENT NAME:** \_\_\_\_\_

**DATE(S) OF EVENT:** \_\_\_\_\_

**FACILITY REQUESTED (CHECK ONE):**

- WALTER TAYLOR HALL (300)
- PADUA ROOM (156) / ALEXANDER HUGHES COMMUNITY CENTER
- COLLEGE ROOM (25) / ALEXANDER HUGHES COMMUNITY CENTER
- OTHER: \_\_\_\_\_

**EXPECTED ATTENDANCE:** \_\_\_\_\_

**TIME OF USE (COMPLETE ALL THAT APPLY):**

*Renter will be responsible for any set-ups needed. See "Rules and Regulations" on page 2.*

SET-UP: from \_\_\_\_\_ to \_\_\_\_\_

EVENT: from \_\_\_\_\_ to \_\_\_\_\_

CLEAN-UP: from \_\_\_\_\_ to \_\_\_\_\_

*Fees & restrictions may apply. Please contact the Facilities Office for more information.*

**WILL ALCOHOL BE SERVED?** \_\_\_\_\_

**WILL FOOD BE SERVED?** \_\_\_\_\_ **FRIDGE NEEDED? (TAYLOR HALL)** \_\_\_\_\_

*Fees & restrictions may apply. Please contact the Facilities Office for more information.*

**EQUIPMENT REQUESTED (COMMUNITY CENTER ONLY - SUBJECT TO AVAILABILITY):**

- A/V Projector & Laptop
- TV & DVD Player
- Microphones—How many? \_\_\_\_\_ (Padua Room only)

**FIRST RESPONSIBLE PARTY PERSON (MUST BE A LEGAL ADULT):**

Full Name: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Daytime/Evening Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_

**SECOND RESPONSIBLE PARTY PERSON:**

Full Name: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Daytime/Evening Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**RULES & REGULATIONS**

- **User is responsible for the facility from opening to closing times listed, and further agrees to maintain authorized, responsible staff person at the facility at all times.**
- User agrees to secure the facility, including locking all doors/windows when not in use.
- User is responsible for making arrangements to open and close the facility on their own, as well as any equipment and/or room set-up and reset. If City of Claremont staff is required, user agrees to reimburse the City of Claremont at the rate of \$15 per hour, with the understanding that there is a two (2) hour minimum charge. Such requests must be made at least seven working days in advance of the event, and are subject to availability.
- User agrees to abide by the following decorating guidelines: no tape, nails, tacks, staples, pins, dance sand, wax, rose petals, glitter, open flames, candles, tea lights, smoke/fog machines, and pyrotechnics. All materials used in decorating must be non-flammable.
- The use of any equipment exceeding that of basic cooking and entertainment systems, as well as the use of any special effect decorations, must be approved prior to the event by the City of Claremont’s Facilities & Parks Coordinator.
- Animals are not permitted in the facility, except those that serve as aides to varyingly abled individuals, or with prior written approval of the Facilities & Parks Coordinator.
- User agrees to leave the facility clean and in good physical condition, including removal of all decorations/supplies/equipment/personal articles from the facility, wiping down of all tables and chairs utilized, removal of all trash from bathroom, kitchen, and facility floors, clean-up of the kitchen (inc. removal of all trash, food, ice, etc. and wiping down of all counters), clean-up of any soiled and/or dampened floor or carpet areas, and the emptying of all trashcans.
- User agrees to abide by all posted rules and regulations (including maximum capacity signs), as well as any direction given by City of Claremont staff.
- The City of Claremont reserves the right to full access of all facilities at any time.
- In the event that a key must be issued, arrangements must be made at least seven working days in advance of the event, and require both Claremont Unified School District and City of Claremont approval.
- **Reservations are not considered approved until the requesting party has received a written notice of approval from the City of Claremont’s Facilities Coordinator.**

I hereby certify that I am authorized and shall be personally responsible for any damage on behalf of our group/organization to this Community and Human Services facility or equipment. I further agree to abide by and enforce the rules, regulations and policies of the City of Claremont governing the Human Services facilities and equipment and to pay all charges listed hereon upon demand. I further agree to hold harmless the City of Claremont and all its agents for any damages and/or costs, injuries, or suffering which I or members of my group might sustain from using the facility, equipment or services.

\_\_\_\_\_  
FIRST RESPONSIBLE PARTY PERSON

\_\_\_\_\_  
DATE

**NOTE: THIS FORM MUST BE APPROVED BY YOUR SCHOOL SITE’S PRINCIPAL OR ASSISTANT PRINCIPAL, OR BY A DEPARTMENT HEAD AT THE CLAREMONT UNIFIED SCHOOL DISTRICT OFFICE PRIOR TO REMITTANCE.**

OFFICIAL CUSD APPROVAL		
PRINT	SIGN	DATE