



Hesperia Recreation and Park District – Hesperia Lake Picnic Rental Application

Name:	E-mail:	
Address:	City:	Zip:
Phone:	Organization Name:	

DATE / TIMES	EVENT DETAILS	
Requested Date: (Month/Day/Year) _____/_____/_____	Type of Event: _____	How did you hear about us?
Morning 8am to 12pm <input type="checkbox"/>	Estimated Attendance:	
Afternoon 1pm to 5pm <input type="checkbox"/>	Is this event open to the public?	Yes No
*If renting both time slots or North Day Use Area, add one additional hour to Total Hours.	Admission/Donation/Collection?	Yes No
	Total Hours: _____	Is this event a for-profit business activity? Yes No

FACILITY REQUESTED

Hesperia Lake Park Picnic Area

Picnic Area 1 Picnic Area 2
 Picnic Area 3 Equestrian Picnic Area (Certificate of insurance required.)
 North Day Use, Half. (Certificate of insurance required.)
 North Day Use, Full. (Certificate of insurance required.)

REFUNDS AND CANCELLATIONS: Any refund request received less than thirty days prior to the date of use may not be considered. There will be a 25% penalty charge of all rental and deposit fees on any cancellation.

Applicant/User agrees to be solely responsible for any and all liability, claims, loss, damages, costs and expenses, including attorney’s fees, arising out of or resulting from any injury, death, communicable diseases, illnesses, and viruses to persons or damage to property which arise out of their use of the District’s facilities. User agrees to defend, indemnify and hold harmless the District, the City of Hesperia, their officers, agents, employees and volunteers against any and all such claims, demands, causes of action, suits and expenses, arising out of or resulting from their use of the District’s facilities.

If applicable I hereby agree that the undersigned and group represented will abide by all District, federal, state and local laws, codes, and regulations for consumption and/or sale of alcohol. If alcohol is to be sold, I understand that I am responsible for complying with the California Department of Alcoholic Beverage Control and State Board of Equalization requirements.

I acknowledge that I have read and received the Facility Use Policies and Procedures, Building Regulations, the Music/Sound and/or Alcohol Policy, and Insurance Requirements. I agree to abide by them as well as all federal, state, county, local, and District policies, procedures, codes, rules, and laws.

_____ _____ _____
 Signature of Applicant Print Name Date

FOR OFFICIAL USE ONLY

ESTIMATED COST

TOTAL AMOUNT DUE \$ _____

Hours: _____ x \$ _____ \$ _____

Receipt # **Description** **Amount**

Additional Hours: _____ x \$ _____ \$ _____

_____ \$ _____

Additional Fees: _____ \$ _____

_____ \$ _____

Other: _____ \$ _____

_____ \$ _____

INSURANCE REQUIRED Yes No

_____ \$ _____

Certificate of Insurance received: _____

DEPOSIT (if applicable): \$ _____

TOTAL FEES PAID: \$ _____

Payment and Certificate of Insurance (if applicable) due by 4:00 p.m.: _____

Approval: Program Staff Verified Outlook: _____ Approved App: _____ Administration: _____