

City Facility/Park Reservation Application

Applicant Name:		Date: _		
Address:		City:		_ Zip:
Phone: ()				
Facility/Park Request				
Facility/Park Name:			_ Date of Event	:
Time of Event:	am/pm to	am/pm		
(Rese	rvation time <u>MUST</u>	include set-up a	nd take-down)	
Type of Event:				
Number of Attendees: _	Time C	Guests will arrive:		am/pm
s this a West Sacramer				No
Primary Contact Persor				
Name:				
Address:				
Phone: ()		Em	all:	
Secondary Contact Per	son• (This person will	l be contacted if the pri	many contact persor	n is unavailable)
		-		
Address:				_ Zip:
Phone: ()				·
Please describe in deta	il, what activities v	will occur at this e	event.	
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Permits Information						
Will you be having any of the items listed below at your event? If so, you may be required to						
obtain a Special Event Permit or other required permits.						
(Please circle Yes or No to any items below for your event)						
1. Do you plan to have alcohol at this event?	Yes	No				
2. Do you intend to sell alcohol at this event?	Yes	No				
If alcohol is sold, an Alcoholic Beverage Control permit is required.						
3. Will admission be charged to attend this event?	Yes	No				
4. Will you be selling anything at this event? (i.e. raffle tickets, drinks)	Yes	No				
If yes, what will you be selling?						
5. How will selling be conducted? (i.e. booths, vendor carts, walking vendors)					
6. Will food be provided at this event?	Yes	No				
If yes, it is possible that a Yolo County Health Department Permit will be require	ed.					
7. Will there be amplified sound at your event?	Yes	No				
8. Is this a fund-raising event?	Yes	No				
9. Will you be using any tent canopies or awnings over 200 square feet?	Yes	No				

Liability Waiver

Sacramento recreation facilities' policies, rules and re if any, and that I [said organization] shall abide by th and well-being of all persons who participate or obs agree that the City of West Sacramento, its City Cou indemnified, and held harmless from any and all damages, or other liabilities for personal injury or deat said activities that may be sustained, caused by or all of the above facility [by said organization.] I further a same or better condition in which it is presented to my damage occurs, the deposit will be used to restore th	uncil, Officers, Agents, and Employees are released,
Applicant Name:	
Applicant Signature:	Date:
City of West Sacramento Parks & Recreation sig	
Phone:	Title:
	than 90 days in advance will be refunded by lo Refunds will be issued for events cancelled e of event cancellation.