

**CITY OF SELMA
RECREATION & COMMUNITY SERVICES DEPARTMENT
1045 ROSE AVENUE, SELMA, CA 93662 (559) 896-8918**

PIONEER VILLAGE

Facility Requested: CHURCH _____ BANDSTAND _____ PARK USE _____
Type of Usage _____

Day(s): _____ Date(s): _____

Time(s): _____ Attendance _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ Zip Code: _____

*Alcohol Served: yes _____ no _____ If yes Times Being Served _____ a.m./p.m. to _____ a.m./p.m.

*Is alcohol only being served at dinner or as a toast: yes _____ no _____

*(Alcohol being served must end one hour prior to the completion of event)

*Certificate of Insurance is required for all rentals.

We (I) hereby agree to indemnify and hold harmless the City of Selma, their officers and employees, from and against any and all liability for any personal injury, property damage or cost/expense which may be suffered by or from any person participating in the above activity, arising out of or in any way connected with this activity. In consideration of using the aforementioned facility, we (I) hereby agree to abide by all the terms and conditions of this agreement.

Signature of Person Assuming Responsibility: _____ Date: _____

PAYMENT FOR ALL FEES SHALL BE AS FOLLOWS

CHURCH	\$125.00 PER HOUR	X	_____ HRS =	_____
BANDSTAND	\$25.00 PER HOUR	X	_____ HRS =	_____
ADMINISTRATION FEE				\$20.00
REFUNDABLE CLEANING DEPOSIT				<u>\$200.00</u>
FACILITY SET-UP/CLEAN-UP/REHEARSALS FEE				
	\$20.00 PER HOUR	X	_____ HRS =	_____
CLEAN-UP FEES ASSESSED IF NOT CLEANED				
	\$40.00 PER HOUR	X	_____ HRS =	_____
FACILITY ATTENDANT ON SITE FOR EVENT				
	\$10.00 PER HOUR	X	_____ HRS =	_____
CERTIFICATE OF INSURANCE (Can be provided by individual)			FEE VARIES	_____
TOTAL:				\$ _____

***EVENTS REQUIRE SECURITY WILL BE REQUIRED TO PROVIDE PROOF OF SECURITY FROM THE CITY OF SELMA POLICE DEPARTMENT STAFF. ANY EVENT THAT DOES NOT REQUIRE SECURITY BUT THE POLICE ARE CALLED OUT, THE COSTS WILL BE DEDUCTED FROM THE SECURITY DEPOSIT, SHOULD THE PAYMENT BE HIGHER THAN THE DEPOSIT, THE PERSON ASSUMING RESPONSIBILITY WILL BE BILLED.**

Received by: _____ DATE _____

PROOF OF SECURITY IF NEEDED: _____
NAME OF COMPANY

PHONE NUMBERS

SELMA POLICE DEPARTMENT
NON-EMERGENCY 896-2525
EMERGENCY 911

SELMA FIRE DEPARTMENT
NON-EMERGENCY 896-2511
EMERGENCY 911