

CITY OF SELMA
 RECREATION & COMMUNITY SERVICES DEPARTMENT
 2301 SELMA STREET, SELMA, CA 93662 (559) 891-2237

PIONEER VILLAGE USE FORM

Facility Requested: Church _____ Bandstand _____ Park Use _____

Type of Use: _____

Day of Week: _____ Date(s): _____ Time: From: _____ To: _____

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____ # Attending: _____

*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.

EVENTS REQUIRING 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 REQUIRES THE POLICE BEING CALLED TO THE EVENT WILL HAVE COSTS DEDUCTED FROM THE SECURITY DEPOSIT. SHOULD THE PAYMENT BE HIGHER THAN THE DEPOSIT, THE PERSON ASSUMING RESPONSIBILITY WILL BE BILLED.

NAME OF SECURITY COMPANY IF NEEDED: _____

STATEMENT OF UNDERSTANDING

The undersigned hereby accepts and agrees to comply with all City Policies, Ordinances, State Laws and rules and regulations. Applicant further agrees to hold the City of Selma, Officers and employees, free and harmless from the loss, damage, liability, cost or expenses that may arise incident to the use or occupation of the required park, facility or equipment.

Signature of Person Assuming Responsibility: _____ Date: _____

PAYMENT FOR ALL FEES SHALL BE AS FOLLOWS

PIONEER VILLAGE	FEE VARIES		_____
CHURCH	\$125.00 PER HR.	X _____ HRS.	_____
BANDSTAND	\$ 25.00 PER HR.	X _____ HRS.	_____
ADMINISTRATION FEE			<u>\$20.00</u>
REFUNDABLE CLEANING DEPOSIT			<u>\$550.00</u>
FACILITY SET-UP/CLEAN-UP/REHEARSALS FEE	\$20.00 PER HR.	X _____ HRS.	_____
CLEAN-UP FEES ASSESSED IF NOT CLEANED	\$40.00 PER HR.	X _____ HRS.	_____
FACILITY ATTENDANT ON SITE FOR EVENT	\$15.00 PER HR.	X _____ HRS.	_____
CERTIFICATE OF INSURANCE (Can be provided by individual)	FEE VARIES		_____
	TOTAL:		\$ _____

Received by: _____

Date _____

PHONE NUMBERS

SELMA POLICE DEPARTMENT
 NON-EMERGENCY 896-2525
 EMERGENCY 911

SELMA FIRE DEPARTMENT
 NON-EMERGENCY 891-2211
 EMERGENCY 911