



C/O Staci Lee Student Development and
 Civic Center/Events Manager
 One College Drive
 Blythe, CA 92225
 Phone: (760)921-5512 Fax: (760)921-3608
www.paloverde.edu

CIVIC CENTER/EXTERNAL USE OF COLLEGE FACILITIES APPLICATION AND AGREEMENT

Applicant's Name: _____ Email: _____
 Organization/Group Name: _____ Phone: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Billing Address: _____ City: _____ State: _____ Zip Code: _____

Check type of facility and equipment required:

Gym Gym Office Locker Rooms Dance Room Field Theater & Back Stage Green Rm Rehearsal Rm
 Courtyard PAC CL 101 Den area CS 123 CS 124 CS 123/124 Portico (Outside CS 123/124) _____
 CL 108 PAC Conference Room Classroom Other Additional Needs: _____

Have you previously rented facilities here at Palo Verde College? If yes provide date and event: _____

EVENT

Description of Event: _____ Date(s): _____
 Set up Time: _____ Start Time: _____ End Time: _____ Tear Down Time: _____
 Time Building to be open: _____ *(PAC events: Billing begins a minimum of 1 hr. before events start.)*
 Performing Arts Center Events: Dates and hours of rehearsals: _____
 Expected # of Attendees: _____ Number to call for ticket information: _____
 Open to public? YES ___ NO ___ Will admission be charged? YES ___ NO ___ Multiple Dates fill out second page.

CONSESSIONS

For inside building events, sale of food is limited to bottled water and pre-packaged snacks.
 Food Concessions are reserved to the District. In the event that the District is not able to handle food concessions, the Renter may handle their own concessions as approved. A *Food Worker's Permit* may be required depending on the type of food/beverage served.

Will there be food or drinks served at the event? YES ___ NO ___ specify _____

CERTIFICATE OF LIABILITY INSURANCE

A Certificate of Liability Insurance must be furnished to the college no later than two weeks prior to the scheduled event. Such certificate shall carry bodily injury and property damage with a combined single limits of a least \$1,000,000 per occurrence, and name Palo Verde College as an "additional insured" with respect to the activity in question.
 The undersigned has read the Civic Center Rental Policy and Procedures set forth by Palo Verde College and understands that they are incorporated herein and form a part of the agreement. The undersigned has read and hereby agrees to abide by the rules and regulations, including insurance requirements, pertaining to the use of College Facilities established by the Board of Trustees of Palo Verde College District which are printed on the following pages of this application. Please fill in and return all copies to address listed above.

Applicant's Signature: _____ Date: _____

SPACE BELOW IS FOR DEPARTMENT USE ONLY

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|-----------------------------|--|-----------------------------|-----------------------------|------------------------|
| Application approved: _____ | Date: _____ | Non-Profit ID(501-C): _____ | For Profit: _____ | Private: _____ |
| Note: | Facility/ Equip. Rental Fee: _____ | HRS@ \$ _____/HR= | \$ _____ | |
| Prior damage before rental | Staff Costs: _____ | HRS@\$ _____/HR= | \$ _____ | Insurance _____ |
| _____ | Cleaning Fee: _____ | HRS@\$ _____/HR= | \$ _____ | Work order _____ |
| _____ | Set-up Fee: _____ | HRS@\$ _____/HR= | \$ _____ | Facility request _____ |
| _____ | Floor Covering: _____ | HRS@\$ _____/HR= | \$ _____ | Advertising _____ |
| _____ | Power cost: _____ | HRS@\$ _____/HR= | \$ _____ | |
| _____ | Refundable Deposit: _____ | \$200.00 Non Profit | \$600.00 For Profit | |
| _____ | Total | | \$ _____ | |
| | Receipt Numbers: Payment 1 _____ | Payment 2 _____ | Other: _____ | |
| | Refundable Deposit: Returned? YES ___ NO ___ | Amount: _____ | Date Check Requested: _____ | |