



**City of Garden Grove
Community Services Department
Leisure Services Division**
11222 Acacia Pkwy.
Garden Grove, CA 92842
(714) 741-5200

Facility Permit Request

Facility _____

Location/Field(s) _____

Date of Event _____

From _____ am/pm to _____ am/pm

Applicant Name

Address

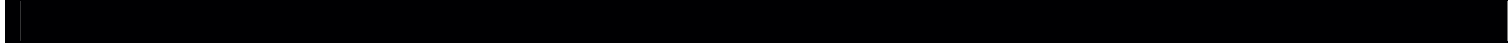
City

Zip Code

Name of Organization

(Area Code) Day Phone

(Area Code) Evening Phone



| DAY | DATES | | | | | | TIME | | | |
|------|-------|---|----|---|---|---|-------|----|---|-------|
| Mon | / | / | to | / | / | : | am/pm | to | : | am/pm |
| Tues | / | / | to | / | / | : | am/pm | to | : | am/pm |
| Wed | / | / | to | / | / | : | am/pm | to | : | am/pm |
| Thur | / | / | to | / | / | : | am/pm | to | : | am/pm |
| Fri | / | / | to | / | / | : | am/pm | to | : | am/pm |
| Sat | / | / | to | / | / | : | am/pm | to | : | am/pm |
| Sun | / | / | to | / | / | : | am/pm | to | : | am/pm |

Nature of Event:

Expected Attendance:

% Garden Grove Residents

Public Invited? Yes No Admission Charged? Yes No Donations Accepted? Yes No

Non Profit Organization Yes No I.D. # _____

Will you be having? Moon Bounce Amplified Music Other Equipment _____

I certify that I have read and will abide by the rules and regulations of the City of Garden Grove, Community Services Department, the Garden Unified School District and hold any of its officers, agents, or employees harmless from any liability of damage which may arise in connection with this request, and that the applicant also agrees to reimburse the City of Garden Grove for any loss or damage to City property occasioned by such use, fair wear and tear expected. The applicant agrees to comply with the American Disabilities Act regulations and conditions. In the event of an emergency, contact 741-5704.

Signature

Date

Office Use Only

FEE SCHEDULE

Permit Processing Fee \$ _____
 Facility Day Use Fee \$ _____ rate _____ x # hours _____
 Facility Light Use Fee \$ _____ rate _____ x # hours _____
 Miscellaneous Fee \$ _____ rate

Total Amount \$ _____

Facility Deposit \$ _____ Receipt # _____

Total Due \$ _____ Receipt # _____

REQUIREMENTS

Classification _____

Insurance _____

Cleaning Deposit \$ _____

Receipt # _____

Approved Denied

Authorized Signature: _____

Date: _____