

MOAH moahrentals@cityoflancasterca.org (661) 723-5995

Facility Rental Application

Please complete this entire form and submit to the City of Lancaster Parks, Recreation & Arts Department. Applications must be received at least two weeks, but no more than six months, prior to the requested use date. It is understood that this application is only a request for facility use. Completing this application in no way indicates approval for use of City facilities.

Requested facility: MOAH - Muse	eum			
Type of function/activity: (mee	ting, picnic, etc.)			
Estimated Attendance:	# of adults	# of childre	n	# total
Requested date and times: The finish time should be the time you of dates and times.				
Date: S M T W Th F Sa Ev	ent Time: am /	pm To a	am / pm	
Alternate Date(s)				
Date: S M T W Th F Sa Ev	ent Time: am /	pm To	am / pm	
Date: S M T W Th F Sa Se	t-up Time:	Event Time:	am/pm T	o am / pm
Equipment: Tables chairs and oth for indoor use. Additional charges use. PA systems, audio-visual equip foot rectangle tables, 13 Six-foot ta	may be required for som oment, and stage risers a obles, and 140 chairs.	ne equipment. Equip are not available. We	ment is not ava have 10 Round	ailable for outdoor d tables, 10 eight
responsible for the function. The approximation				
made payable to the customer.	- p	g upp	, аор	
Customer Name:				
Customer Address:				
number street city	state zip code			
Applicant Name:				
Applicant address:number street city st				
Home phone: ())	Fav. ()
Additional contact name:	Work Frioric. (Phone (()	/
Email address:			/	

Insurance: The City of Lancaster requires all facility users to provide a certificate of insulability coverage, with the City of Lancaster named as additional insured. You may provid a one-day event policy from the City if you are an individual.		
\Box I will provide my own insurance. Proof of insurance in the form of an original signed confice no later than 15 working days prior to the facility use. A sample insurance certification		
\Box I wish to purchase one-day event insurance from the City of Lancaster. Insurance rates type of activity and the number of participants. Consult the current rate schedule for fee.		pending on the
Other Information: To aid us in processing your application, please answer the follow	ing ques	tions.
1. Is this activity: a private function where only invited guests or members may attend? open to the general public to attend?	YES YES	NO NO
2. Is this activity sponsored by a recognized non-profit organization? If yes please enter state non-profit ID#	YES	NO
3. Is this activity for the financial gain of an individual or commercial entity?	YES	NO
4. Is the facility being used for religious, political, or union activities?	YES	NO
5. Will a charge, fee, or donation be collected during this activity? (please include fees for admission or product/service sales)	YES	NO
If yes, please list the type (i.e. admission, food charge) and the amount of charge, fee	e, or don	ation.
6. Amplified sound is prohibited except by special approval. Please indicate if you would any amplified sound including, but not limited to, live, recorded, or taped music, or amp describe the type and purpose of the amplified sound.	lified spe	eech. If yes,
7. Are you using any special equipment/attractions (BBQs, booths, stages, etc.) for your a equipment/attractions such as Moon Bounces or Dunk Tanks.	activity?	Special
If yes, please describe:		
8. Alcohol use is prohibited except by special City Council approval.		
9. Other Comments.		
Statement of Understanding: In order for this application to be considered, the appl all times while the activity is in progress. Upon signing this application, you understand to responsible for the group's actions collectively, individually, and financially. I hereby relefrom liability the City of Lancaster, its officers, agents, servants, employees and represent	that you ase and	will be held
Signature Date		
Credit Card Number Credit Card Number	-	
Cardholder Name (Print) Cardholder Signature		
FOR OFFICE USE ONLY Facility Rate \$ # of Hours Staffing Rate \$	# of H	lours
Fees Staffing Facility Insurance Security Deposit		
Approved Grand Total Recreation Coordinator/ Supervisor Date		