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 - Museum

Type of function/activity: (meeting, picnic, etc.) _______________________________________________________________

Estimated Attendance:  # of adults _________  # of children _________  # total _________

Requested date and times: The start time you list is the time you will be granted access to the facility. Your finish time should be the time you will leave the area. When use dates exceed two days, please attach a schedule of dates and times.

Date: _______ S M T W Th F Sa  Event Time: ________ am / pm  To ________ am / pm

Alternate Date(s)

Date: _______ S M T W Th F Sa  Event Time: ________ am / pm  To ________ am / pm

Date: _______ S M T W Th F Sa  Event Time: ________ am / pm  To ________ am / pm

Equipment: Tables chairs and other equipment normally located at the requested facility can be made available for indoor use. Additional charges may be required for some equipment. Equipment is not available for outdoor use. PA systems, audio-visual equipment, and stage risers are not available. We have 10 Round tables, 10 eight foot rectangle tables, 13 Six-foot tables, and 140 chairs.

Customer/Applicant Information: The customer is the person, group, or organization who is financially responsible for the function. The applicant is the person submitting this application. Any deposit refunds will be made payable to the customer.

Customer Name: ________________________________________________________________________________

Customer Address: _____________________________________________________________________________

number street city state zip code

Applicant Name: ______________________________________________________________________________

Applicant address: _____________________________________________________________________________

number street city state zip code

Home phone: (       ) _____________________ Work Phone: (       ) _____________________ Fax: (       ) _____________________

Additional contact name: ___________________________________________  Phone (       ) _____________________

Email address: ________________________________________________________________
**Insurance:** The City of Lancaster requires all facility users to provide a certificate of insurance for $1,000,000 in liability coverage, with the City of Lancaster named as additional insured. You may provide your own or purchase a one-day event policy from the City if you are an individual.

☐ I will provide my own insurance. Proof of insurance in the form of an original signed certificate is due in our office no later than 15 working days prior to the facility use. A sample insurance certificate is attached.

☐ I wish to purchase one-day event insurance from the City of Lancaster. Insurance rates vary depending on the type of activity and the number of participants. Consult the current rate schedule for fee.

**Other Information:** To aid us in processing your application, please answer the following questions.

1. Is this activity:
   - … a private function where only invited guests or members may attend?   YES  NO
   - … open to the general public to attend?      YES  NO

2. Is this activity sponsored by a recognized non-profit organization?
   If yes please enter state non-profit ID# _____________________

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, or donation.

6. Amplified sound is prohibited except by special approval. Please indicate if you would like to request the use any amplified sound including, but not limited to, live, recorded, or taped music, or amplified speech. If yes, describe the type and purpose of the amplified sound.

7. Are you using any special equipment/attractions (BBQs, booths, stages, etc.) for your activity? Special equipment/attractions such as Moon Bounces or Dunk Tanks.
   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 applicant must be present at all times while the activity is in progress. Upon signing this application, you understand that you will be held responsible for the group’s actions collectively, individually, and financially. I hereby release and hold harmless from liability the City of Lancaster, its officers, agents, servants, employees and representatives.

Signature ____________________________________________________________ Date __________________________________

Credit Card _____________________ Credit Card Number ___________________________________ Expires _____________
Cardholder Name (Print)______________________________ Cardholder Signature ___________________________________

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<tr>
<td>Facility Rate $ ____</td>
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<tr>
<td>Fees</td>
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<td>Staffing ______</td>
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<td>Approved ____________________________</td>
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