



RESERVATION REQUEST FORM

Organization: _____ Non-Profit #: _____

Applicant Name: _____ Primary Phone Number: _____

Secondary Phone Number: _____ Referred by: _____

Address: _____ City: _____

Zip Code: _____ Email Address: _____

Alternate Contact: _____ Alternate Phone Number: _____

Room(s) Requested: _____ Date(s) of Event: _____

Type of Event: _____ Number of Guests: _____

Actual Event Start Time: _____ Actual Event End Time: _____

Set up Time: _____ Clean Up Time: _____

Face book: _____ Instagram: _____

Event Open to Public	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Admission Charged	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Event For a Minor	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Alcohol Being Served	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Special Equipment Required	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Event Catered	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Entertainment Scheduled	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Have you ever been enrolled at Chaffey College? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

If you answered yes to any of the above questions please provide relevant details: _____

I hereby state that the information above is correct to the best of my knowledge and belief. I, the undersigned, on behalf of the above mentioned organization or individuals, do hereby certify that I have read and agree to abide by the policies governing the uses of the Chaffey College Chino Community Center. I will specifically accept responsibility for any damage to the facility as a result of the organization or individuals. I hereby hold harmless the City of Chino, the Chaffey Community College District, its officers, employees and agents from any and all liability from damages or loss or injury either to persons or property, which may be sustained while using said facility.

Applicant Signature: _____ Date: _____

(Office use only)

Rental Deposit Fee: \$ _____ Group 1 2 3 4

Payment Rendered: Check Credit Card

Residency Verified: Yes: No: Applicant Over Age 25 Verified: Yes: No:

Event Coordinator Signature: _____ Date: _____