G **GARDEN GROVE**

City of Garden Grove
Community Services Department
Recreation and Human Services Division
11222 Acacia Pkwy.
Garden Grove, CA 92840
(714) 741-5200

Facility Permit Request

Location/Field(s)_____

Facility_____

Date of Event_____

From _____am/pm to _____ am/pm

Applicant Name	Address	City	Zip Code

(Area Code) Phone Number	Email	Name of Organization

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? o Yes o No   Admission Charged? o Yes o No   Donations Accepted? o Yes o No

Bounce House? o Yes o No   Non-Profit Organization o Yes o No   I.D. #_____

I certify that I have read and will abide by the rules and regulations of the City of Garden Grove Community Services Department ("City") and the Garden Unified School District ("School District") and hold the City, School District, and any of their officers, agents, or employees (collectively "Releasees") harmless from any liability or damage which may arise in connection with this request, except to the extent such liability or damage is caused by the gross negligence or willful or wanton misconduct of the Releasees. I further agree to reimburse the City for any loss or damage to City property occasioned by such use, fair wear or tear expected. The applicant agrees to comply with the American Disabilities Act regulations and conditions. In the event of an emergency, contact (714) 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	_____	$_____
Miscellaneous Fee	_____	$_____
Miscellaneous Fee	_____	$_____

Total Amount $_____

Receipt # _____ Facility Deposit $_____

Receipt # _____ **Total Due** $_____

DEPOSIT: CHECK   CASH   CREDIT CARD

Paid by: _____

Mail to: _____

Phone (Best): _____

Deposit processed: ☐   Deposit held: ☐

Deposit pickup: _____

Print name: _____ Date: _____