



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? Yes No Admission Charged? Yes No Donations Accepted? Yes No
 Bounce House? Yes No Non-Profit Organization Yes 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: _____