

CITY OF HUNTINGTON BEACH
COMMUNITY & LIBRARY SERVICES DEPARTMENT
2000 MAIN STREET
HUNTINGTON BEACH, CA 92648-2702

City Gym & Pool 960-8884
Edison Community Center 960-8870
Murdy Community Center 960-8895
For emergencies, please contact:
Police Department 960-8811

APPLICATION FOR USE OF FACILITIES

☐ EDISON COMMUNITY CENTER ☐ MURDY COMMUNITY CENTER ☐ CITY GYM & POOL

Facility _____ Room(s)/Field(s) _____

Resident YES ☐ NO ☐ Nonprofit YES ☐ NO ☐ Commercial YES ☐ NO ☐

Nature of Event _____ Number Attending _____

Date(s) of Event _____ Hours _____ am/pm to _____ am/pm
(Include *setup and cleanup* time)

Applicant _____ Organization _____

Street _____ City _____ Zip _____

Day Phone _____ Evening Phone _____

Email Address: _____

Pursuant to Huntington Beach Municipal Code 9.20.015, display of nudity is prohibited for any permitted event, whether closed or open to the public.

CHANGES OR CANCELLATIONS

Any requests to change times, dates, or to cancel a reservation must be made no later than thirty (30) days prior to event. A \$10.00 fee will be charged. IF A CANCELLATION IS MADE LESS THAN THIRTY (30) DAYS PRIOR TO EVENT, FEES WILL NOT BE REFUNDED. If other expenses occur, not covered herein, additional charges will be made accordingly. You must vacate the premises at the time indicated on this application. Payment of all fees is required with the application.

We intend to comply with the Americans with Disabilities Act. If you require special accommodations, indicate on line below:

The undersigned hereby agrees to abide by the policies governing the use of this facility, as set forth on the attached page, and all others approved by City Council, and will specifically accept responsibility for any damage to the facility, furniture or equipment caused by the occupancy of said premises. I understand that the City of Huntington Beach is not responsible for lost or stolen property. The failure to fulfill any obligation within this document or violate any provisions herein shall be considered a breach of facility use, and may result in immediate termination of the event and the forfeiture of all fees and deposits.

Signature of Applicant _____ Driver's License # _____ Date _____

Approved ☐ Denied ☐ Date _____ By _____

AUTHORIZED DEPARTMENT AGENT

(Department Use Only)

CHARGES:

| | | |
|---------------|-------------------------------|----------|
| Room _____ | Number of Hours _____ @ _____ | \$ _____ |
| Room _____ | Number of Hours _____ @ _____ | \$ _____ |
| Room _____ | Number of Hours _____ @ _____ | \$ _____ |
| Room _____ | Number of Hours _____ @ _____ | \$ _____ |
| Kitchen _____ | Number of Hours _____ @ _____ | \$ _____ |

Insurance Fee \$ _____

Cleaning/Security Deposit \$ _____

TOTAL CHARGED: _____

Received By _____ Date _____ Cash, C/C, Check # _____ Receipt # _____

Refunds(s) _____ By _____ Date _____