City of Los Altos
Recreation Department

Hillview Community Center
97 Hillview Avenue
Los Altos, CA 94022
(650) 947-2790 / Fax: (650) 947-2738
www.losaltosrecreation.org

# BIRTHDAY PARTIES, CELEBRATIONS & EVENTS APPLICATION

## PACKAGE REQUESTED

☐ **Murphy Magic**
**At Hillview Community Center**
Cost: Residents $235, All Others $247
Security Deposit: $250

☐ **Bocce Ball & BBQ Bash**
**At Hillview Community Center**
Cost: Residents $195, All Others $209
Security Deposit: $250

☐ **Party at the Underground**
Cost: Residents $225, All Others $237
Security Deposit: $500

## EVENT INFORMATION

| | |
|---|---|
| Date of Event: | Day of the Week: |
| Event Time:<br>(Including setup and cleanup)<br>_____am/pm to _____am/pm | *Murphy Magic Package:<br>Time Requested for Magic/ Juggling Show: ____am/pm to ___am/pm<br>Interested in Balloon Art: ☐ Yes ☐ No |
| Will Food/Beverages be served? ☐ Yes ☐ No | Estimated Attendance: |
| Will Alcohol be served? ☐ Yes ☐ No | Music: ☐ Live Music ☐ D.J. ☐ N/A |

## CONTACT INFORMATION

| | | |
|---|---|---|
| Organization:<br>(if applicable) | Non-Profit Tax ID #: | |
| Contact Name: | Email Address: | |
| Day Phone: | Cell or Evening Phone: | |
| Address: | | |
| City: | State: | Zip: |
| 2nd Contact Name: | Day Phone: | |

## WAIVER OF LIABILITY

To the fullest extent allowed by law, Applicant hereby agrees to defend, indemnify and hold harmless the City of Los Altos, its governing board, the individual members thereof, and all City of Los Altos officers, agents and employees from any loss, damage, liability, cost or expense arising from the use or occupancy of City property. All applications shall bear the signature of a person 21 years or older who is duly authorized representative of the organization or group making the request, and further the applicant agrees to reimburse the City of any loss or damage to City property caused by such use. I HAVE READ AND UNDERSTAND THE ATTACHED POLICIES AND REGULATIONS ATTENDANT TO MY RENTAL OF THIS FACILITY (including decorations, clean-up, noise etc.) & I AGREE TO ABIDE BY THEM. I have read and understand the refund policy.

| | |
|---|---|
| **Signature of Applicant:** | **Date:** |

**Office Use Only:**

Alcohol Permit:
Permit Required: ☐ Yes ☐ No
Date Paid: _____
Paid by: ☐ Check. ☐ CC ☐ Cash

Deposit:
Date Paid: _____
Paid by: ☐ Check. ☐ CC ☐ Cash
Deposit Refunded: ☐ Yes ☐ No
Date Refunded: _____ By: _____
Facility Condition:
_____