



CAMERON COMMUNITY CENTER FACILITY USE APPLICATION

GENERAL POLICIES & PROCEDURES

1. Applications will not be accepted less than 15 days prior to the request date. **Reservation request submitted under 15 days are not guaranteed.**
2. Completed application is required to process application for facility use request.
3. Full payment is due and payable to the City of West Covina at time of processing.
4. Security deposits are due at the time of booking and **CANNOT** be applied toward rental fees.
5. All set up/clean up time must be included in the reservation request time. Access to the building is only granted at the requested start time.
6. All facility rentals must provide a Certificate of Liability Insurance with the City of West Covina added as an additional insured. The address that needs to be on the insurance policy is: 1444 W. Garvey Ave. S., West Covina, CA 91790
7. All applications are tentative until approved reservation contract is issued. Reservations will not be confirmed over the phone.
8. All cancellation requests must submitted under 15 days.

APPLICATION INFORMATION

Applicant Name: _____ **Email:** _____

Address: _____ **City/State/Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Organization/Company Name (if applicable): _____

Address: _____ **City/State/Zip:** _____

CLASSIFICATION OF USE

Status determined by applicant's address for private, and organization's address for non-profit and commercial use.

- Government** includes events that are sponsored by government agencies such as a branch of the military, county or state agency, fire department, etc.
- Non-Profit** includes events sponsored by organizations with current 501(c) status. A copy of the letter granting the organization's non-profit status from the IRS or Secretary of State's office is required. *Please provide non-profit number:* _____
- Individuals or other Groups** includes individuals and private group events such as wedding receptions, birthday parties, social events, etc.
- Commercial** includes events that have an admission fee or include the sale of goods or services. *(The exchange of money is not permitted on West Covina property without prior approval of the facility Coordinator.)*

RENTAL/EVENT INFORMATION

Please include all setup and cleanup time. Tables and chairs are NOT set up prior to your rental time.

Reservation Date: _____ Start Time: _____ Ending Time: _____
(Include setup & cleanup)

No. Attending: _____ Name of Event: _____

Please check which facility/area you are requesting:

East Gym

- Full Gym \$70/HR
- Half Gym \$35/HR
- Volleyball \$35/HR

West Gym

- Full Gym \$65/HR
- Volleyball \$35/HR

Multi-Purpose Room

- Full Room \$200/HR
- Half Room 100/HR
- Kitchen \$50 flat rate

Outdoor Picnic Pavilion

- Large Pavilion \$206
- Small Pavilion \$154.50
- Park Special Use Filing Fee \$118.45

Additional Equipment Rental (subject to availability):

- Tables (Max 20) \$2/per How many? _____
- Chairs (Max 100) \$1/use How many? _____

INSURANCE REQUIREMENTS

The City of West Covina requires permit users to provide a “Certificate of Liability Insurance” with a minimum of **\$1 million in liability coverage and** name the **City of West Covina as additionally insured**. Certificate must include the City’s address, which is **1444 W Garvey Ave. S, West Covina, CA 91790**.

Insurance coverage must be submitted prior to your scheduled event for the event to be confirmed.

CHANGES TO HOURS/ROOMS/ SET-UP

Change requests for time, rooms, and set-up requests after confirmation are subject to a \$15 change fee (per occurrence). Change request must be submitted in writing to Cameron Community Center Staff. If approved, payment is due immediately.

CANCELLATION POLICY

If the facility will not be used after a reservation has been made, a written cancellation notice must be made to the Cameron Community Center by the permit holder. E-mail requests can be sent to Cromero@Westcovina.org. All requests made within 15 days of event will be subject to forfeiture of the security deposit fee of \$305.

RENTAL AGREEMENT

My signature certifies that I have read the policies and procedures as set forth by the City of West Covina Community Services Department governing the use of the facility and any equipment described above, that I will take full responsibility for ensuring that the use of this facility and areas by the event I represent is in full adherence and compliance with these rules and regulations. I further understand that as the applicant, I assume full responsibility for any penalty fees assessed by the City of West Covina for any violations of these rules. I am also fully aware of the cancellation/ refund policy and am aware that failure to properly clean the facility or any damage to the facility after my event may result in forfeiture of portions and/or all my security damage deposit.

Signature of Applicant: _____

Date: _____

CLEANING REQUIREMENTS ACKNOWLEDGEMENT

I have read and understand the cleaning requirements of the City of West Covina Public Services Department. I further understand that even if I delegate these responsibilities to other members of service agencies for which I have contracted, such as caterers, etc., I still have the ultimate responsibility to return the facility into its original rental conditions. All set-up (decoration, food, caterer, etc.) and clean-up must be included within the hours contracted with the City of West Covina. Any deviations must be cleared with the Facility Staff and will result in additional charges. Be sure that all decorations, food and personal equipment brought into the facility must be removed after the event. Storage is not allowed before or after the event. There will be West Covina Staff on duty at the facility during all operating hours. He/she will check on groups periodically.

Cleaning Responsibilities

- Wipe off tables, chairs, and kitchen countertops
- Remove all accumulated trash to the outside dumpsters
- Clear all spills and stains from floors
- Clean all kitchen appliances used including grill(s), ovens, burners, refrigerator, and sinks

Signature of Applicant: _____ Date: _____