



Facility Use Request – Party/ Event

Before submitting this form, please create an ActiveNet Account at
APM.activecommunities.com/SantaClara

("Contact" will assume responsibility for event, if approved)

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Mailing Address (No PO Boxes): _____

City: _____ State: _____ Zip Code: _____

Organization:

Organization Name: _____

Organization Address: _____

Organization Website: _____

Maximum Expected Attendance: _____

Requested Date(s) & Time(s): _____

Preferred Facility:

Community Rec. Center (120 Max)*

Senior Center (100-500 Max)*

Teen Center (100 Max)*

Lawrence Station Multi-Purpose Room (120 Max)

Montague Multi-Purpose Room (120 Max)

*Staffed Facilities

Organizations having facilities (not a person's home) in the City of Santa Clara must provide 2 proofs of residency corresponding to the above organization address. Organizations with more than 51% membership must provide a roster with names, addresses and phone number and "Contact" must provide ID and two proofs of residency for their address.

**Email non-profit status (if applicable), form and proof of residency and to
PRPermits@SantaClaraCA.gov or fax form to 408-261-9146.**

Read and understand the Facility Use Information for Parties and review the Facility Rate Sheet before submitting this request (SantaClaraCA.gov/FacilityRental)

All fees and deposits are due when contacted to complete reservation. Cancellations received 14 days before the scheduled event are subject to a cancellation fee. Cancellations less than 14 days before the date of the event will forfeit ALL fees.

For office use only

Date/Time Received: _____

Residency Checked? Yes No

Permit # _____

Signature due date & time _____

Signed Permit Received? Yes No

Sent to Manager for Approval? Yes No

Date approved: _____

Date Sent to Parks: _____

Date Sent to Applicant: _____

Deposit Refund: _____