Facility Rental Application

FACILITY REQUESTED

Applications available online or at our two offices:

Wackford Community & Aquatic Complex
9014 Bruceville Rd., Elk Grove, CA 95758
Phone (916) 405-5600; Fax (916) 405-5659

CSD Administration Office
8820 Elk Grove Blvd., Elk Grove, CA 95624
Phone (916) 405-5300; Fax (916) 685-6942

Applications for the following must be submitted to the Wackford Complex:

Wackford Complex:
- Valley Oak Ballroom
- Poppy Room
- Willow Room
- Teen Center
- Gymnasium

Elk Grove Park:
- Pavilion
- Strauss Island

Applications for the following must be submitted to the CSD Administration Office or Wackford Complex:

Laguna Town Hall:
- Reception Hall
- Classroom #1
- Classroom #2
- Courtyard

Elk Grove Park:
- Picnic Site 1A
- Picnic Site 1B
- Picnic Site 3A
- Picnic Site 3B
- Picnic Site 3C
- Picnic Site 4A
- Picnic Site 4B
- Picnic Site 5B
- Picnic Site 10
- Picnic Site 14B

Morse Community Park:
- Covered Picnic: Site A
- Covered Picnic: Site B
- Covered Picnic: Site C

Derr-Okamoto Community Park:
- Covered Picnic: Site A
- Picnic Site B
- Picnic Site C

* Applications for Picnic Rentals may be emailed to csdpicnic@csdparks.com

APPLICANT CONTACT INFORMATION

Name of individual responsible for event: ____________________________
First: ___________ Last: ___________ Birthdate (mo/day/yr): ___________

Application on behalf of: □ Group □ Individual □ Organization □ Business

_________________________ __________________________
Name of Group, Individual, Organization or Business

___________________________________________________________
Address: __________________________________________________
Street: __________________ City: __________________ State: __________________ Zip: __________________

________________________________________
Phone: (____)_________________ (____)_________________ (____)_________________
Home Phone: __________________ Work Phone: __________________ Cell Phone: __________________

________________________________________
Email Address: _______________________________________________

Alternate Contact Person: __________________
First: ___________ Middle: ___________ Last: ___________

________________________________________
Phone: (____)_________________ (____)_________________ (____)_________________
Home Phone: __________________ Work Phone: __________________ Cell Phone: __________________

________________________________________
Email Address: _______________________________________________

RENTAL INFORMATION

Rental Date(s): __________________ Day(s) of Week: __________________
Guest Arrival Time: __________________ am/pm

Time of Rental: __________________ am/pm to __________________ am/pm
(Park sites must be occupied by 11:30 a.m. and vacated one hour after sunset.)

Type of Activity/Event: __________________
Attendance: __________________
PLEASE ANSWER THE FOLLOWING QUESTIONS

Will alcohol be served? □ Yes □ No  
Will food be served? □ Yes □ No  
Will alcohol be sold? □ Yes □ No  
Will food be sold? □ Yes □ No 
Are you requesting non-profit rate? □ Yes □ No  
Will there be an admission fee? □ Yes □ No  

Please list any additional equipment you plan to have on site:
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________  

Will there be amplified sound? □ Yes □ No  
Will there be amplified sound outdoors? □ Yes □ No 
Please specify what type of amplified sound:
__________________________________________________
__________________________________________________
__________________________________________________

Are you using a Caterer? □ Yes □ No  
Please provide name and contact information of Caterer:
__________________________________________________
__________________________________________________
__________________________________________________

* These questions apply to picnic/park sites only.

*Will you be renting porta potties? □ Yes □ No  
*Will you be renting an inflatable attraction?  
(i.e. jump house, slide, etc.) □ Yes □ No 

How did you hear about our facility? _____________________________________________
____________________________________________________________________________

APPLICANT SIGNATURE

Counterparts. This Agreement may be executed in two or more counterparts, each of which will be deemed an original but all of which together will constitute one and the same instrument. This Agreement shall be effective and binding on all parties upon the delivery by both parties of a sign copy to the other party, which may be done by facsimile transmission or portable document format (PDF).

I understand that I will be contacted by a CSD representative within three business days from the date the application is submitted and that my application for the use of the facility is not final until a contract is signed and a payment is made. I attest that all the information provided in this application is true and correct.

Applicant Signature: __________________________________________ Date: ________________

CSD OFFICE USE ONLY

Date Received: ___________________________ Received By: ___________________________

Approved: ______ Denied: ______ Date: ______ Staff: _____________________________