

Office of Parks and Recreation

250 Frank H. Ogawa Plaza, Suite 3330 Oakland, CA 94612



CITY of OAKLAND
OFFICE of PARKS & RECREATION

Studio One Artist Center

PH (510) 597-5027 Fax (510) 985-8290

Facility Rental Application

ATTENTION:

Application Date: _____

***RESIDENCY IS DETERMINED ACCORDING TO ADDRESS INDICATED ON DRIVER'S LICENSE OR STATE IDENTIFICATION CARD**

REQ No. _____	OFFICE USE ONLY	Receipt No. _____
RWP No. _____	Approved By/Date _____	Issued By/Date _____
Received By/Date _____		
Police Special Events Permit Required? <input type="radio"/> Yes <input type="radio"/> No	If required, Special Events Permit due to OPR by _____	

Application on behalf of: (Group, Individual, Organization) _____

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

Individual responsible for event: Name: _____ *Address: _____

City: _____ State: _____ Zip _____ Email: _____

Home #: _____ Work #: _____ Fax #: _____ Cell#: _____

To use (Name of Facility): _____ Age Group: Adults, Teens, Children, Mixed (**Please Circle**)

On the following date (s): _____ Number of Participants: _____

Between the hours of: (Start Time/Setup) _____ (Actual Event Time) from _____ to _____ (End Time/Cleanup) _____

Type of Event/Purpose (*be specific; i.e., Wedding, Receptions, Meetings, Birthday Party, Banquet, etc.*) _____

Sound Amplification: Amplified Yes No Non-Amplified Yes No

Type of equipment to be used (*i.e. musical instruments, live band, cd player, amplifiers, microphones, etc.*) _____

Please describe below special accommodations/requests required for your event. If no special accommodations/request required, write **NONE**.

Fees:

Rent: _____ X Number of Hours _____ = Total Rent _____

Setup/Teardown Fee: _____ Alcoholic Beverage Fee: _____ Other Fees: _____

Deposit: _____

Total of ALL Fees PLUS Deposit: _____

(Deposits are refunded 6-8 weeks AFTER event date, provided the facility is left in acceptable condition and the event goes as planned)

CANCELLATION FEES:

31 days or more notice:	Forfeit 1/2 Deposit
30 days 11 days notice:	Forfeit Deposit PLUS 1/2 Rental Fee
10 days or less notice:	Forfeit All Fees

Check Amount: \$ _____ Check #: _____ Cash: _____

Type of Credit Card (**Visa or Master Card Only**): _____

Credit Card #: _____ Expiration Date: _____

I Authorize the Office of Parks and Recreation, Central Reservations Unit to charge my Visa or Master Card \$ _____
(Amount to be Charged)

for my reservation at _____ on _____
(Facility) (Event Date)

(Signature Required)

(Print Name)

(Driver License #/Expiration Date)

*****ATTENTION*****

- ✓ **DID YOU REMEMBER TO SIGN THIS APPLICATION?**
- ✓ **DID YOU REMEMBER TO ATTACH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION CARD?**