

Checked Lomita Residency \_\_\_\_\_  
Staff Member \_\_\_\_\_

Date Received \_\_\_\_\_  
Time Received \_\_\_\_\_

Permit Number:  
\_\_\_\_\_

**CITY OF LOMITA**  
**DEPARTMENT OF PARKS & RECREATION**

24428 Eshelman Avenue, Lomita, CA 90717  
Phone: 310-326-0140 Fax: 310-326-0690

**Application for Facility Reservation and Use Agreement**

( ) Community Building with Kitchen ( ) Community Building without Kitchen ( ) Stephenson Center

APPLICANT (Name of primary contact): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE :(Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

GROUP OR ORGANIZATION: \_\_\_\_\_

**DATE AND TIME REQUESTED (Include Set-up and Clean up) Room not available on Saturday's until 1:00pm**

Date(s): \_\_\_\_\_ Start Time(s): \_\_\_\_\_ End Time(s): \_\_\_\_\_

**EVENT INFORMATION**

PROPOSED USE OR FUNCTION TYPE: \_\_\_\_\_

ESTIMATED ATTENDANCE: \_\_\_\_\_

PLEASE LIST ALL EQUIPMENT OR OBJECTS TO BE USED: \_\_\_\_\_

PLEASE DESCRIBE ALL DECORATIONS: \_\_\_\_\_

IT IS REQUIRED TO INDICATE THE NUMBER OF CHAIRS AND TABLES THAT ARE NEEDED:

Number of Chairs: \_\_\_\_\_ Tables (8' x 3'): \_\_\_\_\_ WILL FOOD BE SERVED? ( ) Yes ( ) No

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

- All fees and/or deposits are payable 10 working days prior to use
- **Payment Options: DEBIT or CREDIT CARD ONLY**
- **ALCOHOL is STRICTLY PROHIBITED** at all park facilities
- This application becomes your permit for facility use upon authorized approval and payment of all fees and/or deposits
- Vehicles may not enter the park to drop off or pick up any equipment (BBQs, tables & chairs, tents, etc.).

**AGREEMENT FOR USE**

It is distinctly understood and agreed that the applicant assumes all risks for loss, damage, liability, injury cost or expense that may arise during or be caused in any way by such use or occupancy of the facilities of the City of Lomita and/or Parks and Recreation Department. The applicant further agrees that in consideration of being permitted to use said facilities, he, she or it will save or hold the City of Lomita and/or their employees free and harmless from any loss, claims, and liability or damages and/or injuries to persons or property that in any way may be caused by applicant's use or occupancy. I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant. My signature certifies that all information on this application is true, including the prohibition of alcohol. I understand that any misstatements or omissions of material fact herein may cause forfeiture of my deposits. Refundable deposits are refundable if there was no damage, all policies were followed, and the facility was left in good order. I hereby certify that I have read (or had interpreted), understand, and agree to abide by the attached reservation policies of the Parks and Recreation Department.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Approved: ( ) Denied ( ) Date: \_\_\_\_\_

Director of Parks and Recreation: \_\_\_\_\_

Rental Fee: \_\_\_\_\_

Rental Deposit: \_\_\_\_\_

Supervision Fee: \_\_\_\_\_

Fees Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Deposits Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Deposits Refunded: \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL FEES:** \_\_\_\_\_

**TOTAL DEPOSIT:** \_\_\_\_\_

**Rental Payment Due By:** \_\_\_\_\_