

For Creekside Park Bldg and Quinlan Community Center (QCC) rentals, submit form at QCC office at 10185 N. Stelling Rd. (408) 777-3120. For Community Hall and Senior Center rentals, submit form at Senior Center office at 21251 Stevens Creek Blvd. (408) 777-3150.

If renting on behalf of organization or business, fill out both applicant and organization information. Please print.

APPLICAN	ORGANIZATION INFORMATION						
		1 1					
First Name	Organization Name						
Last Name			Address			 	Cuita
()	00	Cell O Home	Address				Suite
Main Phone			City			State	Zip Code
Alternate Phone	0	Cell O Home	() Main Phone			Ext.	
			()_				
Address		Apt./Unit	Alternate Pho	one		Ext.	
City	Sta	ite Zip Code	Email				
Email			□ 501(c) l	Non-Profit (I	RS Letter Re	equired)	
Lingii				`	TO Letter IVe	equil ed)	
		RESERVATION I	NFORMATIO	N			
□ Creekside Park Building		Community Center ee, Cupertino, Social)	□ Com	munity Hall		Center Craft, Bay, Cla nce, Receptior	
* Set-Up Start Time is earlie	st room entry, Clea	n-Up End Time is late	est room exit. To	tal Hours inclu	des your Set-u	p and Clean-u	p times.
Room Name	Day of Week (M,T,W,Th,F,S,Su)	Date (MMM DD,YYYY)	Set-up Start Time *	Event Start Time	Event End Time	Clean-up End Time *	Total Hours *
			Alcohol Sei		_	- ,	○ Sold
Type of Event (party, workshop,	(If served, may require Liability Insurance and Security Staff for an additional fee. If sold, state ABC permit required.)						
Reserved with us before?	C	No OYes			_	_	red.)
Charging fees (entrance, fo or accepting donations?	Bounce House Permit? ONo OYes (Available only for Creekside Park Bldg. for an additional fee.)						
		PAYMENT INF	ORMATION				
Fill out if credit card card	nolder is not pre	sent:			Security	Deposit-	
CREDIT CARD: (select one)						vith application	form.
•	7 h w 1				Due 3	0 days before	event date.
Card Number:		. — — — — — —	_ Exp Date:	/	-	t Options: t Card	
Cardholder Name: (print)					• Chec	ks– Overdraft fe	Ū
Authorized Amount: \$	Signature:				for any • Cash	y returned check	c.
☐ CHECK: Payable to "CITY O	OF CUPERTINO"	Refund check to:				□ CAS	SH /
		FOR OFFICE	USE ONLY				
Residency Verification document Current Utility Driver	•	her	Approved b	py:	Packa	ged by: Sent	Date:

Use this page for multiple dates or multiple facility rentals. (subject to Multiple Dates and Facility Rentals policy.)

Room Name	Attendance	Day of Week (M,T,W,Th, F,S,Su)	Date (MMM DD,YYYY)	Setup Start Time *	Event Start Time	Event End Time	Clean-up End Time *	Total Hours *