



REDLANDS COMMUNITY CENTER RENTAL INFORMATION & FEES

RESERVATIONS: Reservations are made on a first come first serve basis. A facility agreement must be completed, proof of insurance provided, approved by the Community Center Coordinator and paid in full, two weeks prior to the event date in order to secure the reservation. Rental agreements may be negotiated for continuous use of facilities. The rates contained in these agreements may vary from the structure presented below, and shall be approved by City Council.

REFUNDS: All cancellations must be made 14 days in advance of the reservation date. All refunds, except cleaning deposit shall be subject to a ten dollar (\$10.00) administrative fee.

DEPOSITS: A refundable cleaning / security deposit of \$200.00 shall be required of all facility renters paid two weeks prior to the event date. The deposit will be refunded back two weeks after the rental date if the room is left in the same condition as it was found.

INSURANCE INFORMATION: Before a rental can be confirmed all tenants would need to secure the minimum insurance coverage described below, and such insurance shall be primary with respect to any insurance or self-insurance programs maintained by the City.

- *Worker's Compensation and Employer's Liability* insurance in the amount that meets the statutory requirement shall be in force with an insurance carrier acceptable to the City.
- *Comprehensive Commercial General Liability* insurance in the amount of one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate shall be in force with an insurance carrier acceptable to the City and **name the City as additional insured.** {Three million dollars (\$3,000,000) aggregate for projects with greater exposure.

If you do not have insurance please contact Kim Braun at (909)798-7679 to make appoint to purchase coverage for your rental.

USER GROUPS:

- GROUP 1:** CITY OF REDLANDS PUBLIC AGENCY - City personnel (for departmental, city and/or regional business), City Sponsored Groups, Council Members, Council appointed commissions, committees, and task forces; public agencies with reciprocal agreements. **No fee. No Deposit Required.**
- GROUP 2:** REDLANDS NON-PROFIT ORGANIZATION AND COMMUNITY GROUPS - Registered non-profit or charitable group with registered non-profit status with the State of California, complete with tax exempt identification number; offering free membership open to the general public; groups sponsoring activities open to the public free of charge. **No fee. \$200 deposit required.**
- GROUP 3:** ALL OTHER COMMUNITY GROUPS, BUSINESSES AND/OR INDIVIDUALS; groups soliciting donations or charging admission; groups sponsoring activities closed to the general public. **\$200.00 CLEANING DEPOSIT REQUIRED, GROUP 3 AND MISCELLANEOUS CHARGES NOTED BELOW.**

ROOMS	DINING CAPACITY	ASSEMBLY CAPACITY	NOTES	GROUP 3 CHARGES
MULTIPURPOSE DANCE ROOM	NO FOOD ALLOWED	185		\$25.00/HOUR
SMALL CLASSROOM	20	40		\$25.00/HOUR
GYM	NO FOOD ALLOWED	405		\$61.00/HOUR
RACQUETBALL COURTS (2)	NO FOOD ALLOWED	4		\$20.00/HOUR
CONFERENCE ROOM	8	12		\$15.00/HOUR
GAME ROOM	NO FOOD ALLOWED	40		\$25.00/HOUR WITH EQUIPMENT
TENNIS COURTS	NO FOOD ALLOWED	8/PLAY 25/CLASS		\$10.00/HOUR
ENTIRE BUILDING	REFER TO ABOVE	655		\$707.00 1-4 Hours +\$51 each additional hour
MISCELLANEOUS CHARGES FOR <u>ALL</u> GROUPS				
ATTENDANT/STAFF SUPERVISION FEE	\$20.00 AN HOUR AFTER THE HOURS OF 7:00 P.M. MONDAY THROUGH FRIDAY, NO RENTALS ON SATURDAY AND SUNDAY.			
REFUNDABLE CLEANING FEE	\$200.00 FLAT RATE CLEANING FEE WILL BE REDUCED BY \$20.00 PER HOUR FOR STAFF CLEAN UP OR IF THERE IS DAMAGE TO THE ROOM OR EQUIPMENT			

Community Center Facility Rental Agreement
 Redlands Community Center 111 W. Lugonia Ave., Redlands, CA 92374
 Phone (909) 798-7572*3 Fax: (909) 798-1349



APPLICATION DATE: _____	GROUP # (CIRCLE)	#1	#2	#3
NAME OF ORGANIZATION				
TAX EXEMPT #				
CONTACT PERSON				
PHONE NUMBER	Email Address			
ADDRESS				
CITY	ZIP			
ROOM REQUESTED				
TIME PERIOD REQUESTED (i.e. Sept. 2009 – Jan. 2010)				
PURPOSE OF RENTAL				
Can you provide proof of Insurance?				
EQUIPMENT				
NUMBER OF CHAIRS		NUMBER OF TABLES		
TV / VCR / DVD	YES	NO	MICROPHONE / P.A. SYSTEM	YES
				NO
<p>Applicant hereby acknowledges that he/she understands, and will comply with all rules pertaining to use of the Redlands Community Center/Redlands Community Senior Center facilities. Applicant hereby assumes all responsibility to leave the facility in as neat and clean condition as found. No alcohol is to be provided or served on City of Redlands premises. All payments and deposits are due, in full, two weeks prior to the event date in order to secure the reservation. All cancellations must be made 14 days in advance of the reservation date. All refunds, except cleaning deposit, shall be subject to a ten percent (10%) administrative fee. Time used in excess of the rental agreement may be deducted from the reservation deposit. The cleaning fee will be reduced by \$20.00 per hour for staff clean-up. Applicant agrees to hold harmless and indemnify the City of Redlands, California, from any and all liability, except for that liability arising as a result to the sole negligence of the City, For the injury to persons of property occurring as a result of this activity and agrees to be liable to said City for any and all damages to any room, equipment and/or furniture owned or controlled to the City, which results from the activity of permittee for is caused by a participant in said activity. Applicant acknowledges that this reservation is subject to immediate cancellation by any Police Officer or agent of the City of Redlands upon determination of a violation of the Redlands Municipal Code or in times of declared emergencies. I/We agree to abide by and enforce the rules and regulations of the City of Redlands and verify that I/We have read the above rules and regulations.</p>				
Applicant Signature _____		Date _____		
OFFICE USE ONLY				
IS THIS RENTAL PRE-APPROVED BY THE AUTHORIZED CITY PERSONNEL			YES	NO
PROOF OF REQUIRED INSURANCE PROVIDED?		FINAL APPROVED BY THE AUTHORIZED FACILITY PERSONNEL		
YES NO		(IF THE RENTAL IS NOT APPROVED PLEASE ATTACH A WRITTEN COPY GIVEN TO THE CUSTOMER EXPLAINING WHY)		YES NO
ROOM AND DATES	HOURLY ROOM RENTAL FEE	NUMBER OF HOURS	TOTAL FEE CHARGED	
(See attached)				
NUMBER OF HOURS FOR \$20.00/HR ATTENDANT FEE				
\$200.00 FLAT RATE REFUNDABLE CLEANING FEE			\$200.00	
RECEIPT NUMBER	GRAND TOTAL DUE			
AUTHORIZED STAFF SIGNATURE	DATE			
REFUND				
WAS THE ROOM LEFT IN THE SAME CONDITION AS IT WAS FOUND?			YES	NO
IF NO PLEASE EXPLAIN				
TOTAL AMOUNT REFUNDED	DATE D.V. WAS SUBMITTED TO FINANCE			

