City of Manhattan Beach
Parks & Recreation

This application must be submitted 10 business days prior to event. Applications are accepted for indoor and outdoor facilities a maximum of three (3) months in advance for residents and two (2) months in advance for nonresidents. Return completed application to: Parks and Recreation Department 1400 Highland Ave., Manhattan Beach, CA 90266 Fax: (310) 802-5401 Email: reservations@manhattanbeach.gov

Facility:

Applicant Information

Applicant Name	Organization Name		
Street Address	City	State	Zip Code
Primary Phone	Alternative Phone	Email	

Reservation Information

Facility/Park	Room/Area	Date
Open to the Public: ☐ Yes ☐ No Entry Fee: ☐ Yes ☐ No Marketing Material: ☐ Yes ☐ No	Start (Include setup time) ☐AM ☐PM	End (Include cleanup time) ☐AM ☐PM

Date:

Event Information

Event Type (**if birthday party, specify age**)	Total Attendance
Requested Setup (Indoor facilities only): ☐ Meeting ☐ Square ☐ Classroom ☐ COG ☐ U-Shape ☐ No Setup ☐ Custom Setup (additional form) Equipment ☐ Y ☐ N (If yes, additional form needed)	Will you be using outside services/vendors?* ☐ Yes ☐ No Type:_____ Name:_____ *Must have Manhattan Beach Business License and Health Permit

Payment Information (All fees, including deposit, will be processed at time of approval)

☐ CASH   ☐ CHECK: C#

☐ CREDIT CARD: CC# _____   SC: _____ EXP: _____

Cardholder's Signature: _____   Print: _____

Date:

Applicant Statement

I, the undersigned, understand all park policies and procedures and general regulations provided to me and will comply with them. I understand that the City has adopted a Civility Policy, which among other things requires that all interactions with other participants, instructors and staff be conducted in a respectful manner, and provides that threats of violence and loud, insulting, demeaning or offensive communication will not be tolerated. A copy of the Civility Policy is available upon request.

_____   _____
Applicant Signature   **Date**

P#:

OFFICE USE ONLY ☐ Business License ☐ Insurance ☐ Security ☐ Health Permit	FINAL APPROVAL: ☐ Y ☐ N Signature: _____ Date: _____