



Application For Use of Outdoor City Facilities

Park Picnic Shelters

(APPLICATION MUST BE SUBMITTED IN PERSON)

Submission of application does not guarantee a reservation until approval by the Community Services Director or his/her designee.

Name Applicant _____

Address _____ Unit # _____

City _____ Zip Code _____

Phone numbers: Cell _____ Email _____

A valid picture I.D. is required at the time of application to verify age and/or residency.

Proof of Signal Hill Residency (if applicable): Driver's License Current Utility Bill Employed in Signal Hill

I certify that I am a resident of Signal Hill and that I will be onsite at the event for the entire duration of the event. I understand that if I am found to be renting the facility for a non-resident, the non-resident fees will be deducted from my deposit.

→ Initials: _____

Refundable damage deposit will be mailed to the address you provide 6 to 8 weeks after event

Description of Event: _____

Event time should reflect setup and cleanup.

Event day: _____ Event date: _____ Start time: _____ End time: _____

Picnic Shelter rental must be made in increments of 4 hours

Choose a Park :

Discovery Well Park (Residents Only) (25 capacity)

Picnic Shelter #1 or #2 (circle one) Jumper Amphitheatre *REQUIRES PARKS AND RECREATION COMMISSION APPROVAL

Signal Hill Park

Picnic Shelter (circle one) (50 capacity) #1 or #3 Jumper (choose from approved vendor list)
(25 capacity) #4

Amphitheatre with electricity *REQUIRES PARKS AND RECREATION COMMISSION APPROVAL

Open Space *REQUIRES PARKS AND RECREATION COMMISSION APPROVAL

Reservoir Park

Picnic Shelter (50 capacity) Jumper (choose from approved vendor list)

Open Space *REQUIRES PARKS AND RECREATION COMMISSION APPROVAL

Hilltop Park (Adults only)

Picnic Shelter #1 or #2 (circle one) Wedding Open Space (max of 75 people)
(25 capacity)

EXPECTED ATTENDANCE: Adults _____ Children _____ **Total Attendance** _____

Fundraising Event? Yes No Is the public invited? Yes No

Will admission/donations be charged/accepted? Yes No

APPLICANT VERIFICATION

I, the undersigned, on behalf of the above named organization, do hereby agree to indemnify the City of Signal Hill, according to the attached indemnification form, and to abide and enforce the rules, regulations and policies governing the facility as set forth by the City of Signal Hill.

SIGNATURE OF APPLICANT: _____ DATE: _____