



Watsonville
CALIFORNIA

City of Watsonville
275 Main Street, 4th Floor, Watsonville, CA 95076
(831) 768-3040
www.watsonville.gov

USE OF COUNCIL CHAMBERS APPLICATION

Facility:

Council Chambers Council Conference Room Kitchen

*Audio/Visual System Presentations Microphones Audio Recording
**Broadcasting System Live Broadcast (Channel 70) DVD Recording Only

Proposed Dates and Times of Use:

Rental Date(s): _____

Multiple rental dates require separate contracts for each date requested.

Set-up Time: Date ____ / ____ / ____, ____ m to ____ m

Event Time: Date ____ / ____ / ____, ____ m to ____ m

Clean up: Date ____ / ____ / ____, ____ m to ____ m

Set-up Time: Date ____ / ____ / ____, ____ m to ____ m

Event Time: Date ____ / ____ / ____, ____ m to ____ m

Clean up: Date ____ / ____ / ____, ____ m to ____ m

Set-up Time: Date ____ / ____ / ____, ____ m to ____ m

Event Time: Date ____ / ____ / ____, ____ m to ____ m

Clean up: Date ____ / ____ / ____, ____ m to ____ m

Rental Purpose: _____

Briefly Describe: _____

Estimated attendance: Adults _____ Youth _____ Total Estimated Attendance _____

Applicant Information:

Today's Date: _____

Name of Organization: _____

Name of Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Business #: _____ Message #: _____

Email: _____

* Audio/Visual System: groups using projector for presentations will be charged for City staff to operate the system.

**Broadcasting System: groups are required to contract with Santa Cruz Community Television to operate the system.

Rental Information:

Is the event open to the public?

Yes No

Is this event a fundraiser?

Yes No

In consideration for the use of these facilities, 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 user or occupancy of the facilities of the City of Watsonville. The Applicant further agrees that the Applicant and their guests/attendees will hold harmless from any loss, claim and liability or damages, and/or injuries to persons or property that in any way may be caused by applicant's and their guests/attendees use or occupancy of said facilities.

I, the undersigned, hereby certify that the undersigned Applicant will be responsible for any damage sustained on the grounds, building, furniture, or equipment occurring through the occupancy of said facilities by the Applicant or their guests/attendees.

I, the undersigned, have read, on behalf of the applicant, and agree to abide by the rules and regulations for the facility use as listed on Administrative Rule No. II-2.20.

No smoking allowed at any City facilities.

Applicant Signature: _____ Date: _____

OFFICIAL USE ONLY:

Date Application was received: _____

The application is complete: Yes No

The date requested is available: Yes No

Is notified: Yes No

Technician confirmed: Yes No

Notes: _____

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Staff Signature