



# Rose Garden/Gazebo Reservation Information

FAX: (650) 522-7421

This document is for collecting information for your reservation. **It is NOT an approval or confirmation of your request. PLEASE PRINT**

**APPLICANT information:**

Your Name (first and last): \_\_\_\_\_

Address: \_\_\_\_\_ San Mateo City Res: Y or N  
street address city zip

Phones: (home) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_ x \_\_\_\_\_

Birthdate: \_\_\_\_\_ Emergency Contact Name/Phone: \_\_\_\_\_

**If you are representing an ORGANIZATION or GROUP:**

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Phone: (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Are you authorized to represent this organization? Y N Your Organization Title: \_\_\_\_\_

**EVENT INFORMATION:**

Date of Event: \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_

Time the event will start: \_\_\_\_\_ AM – PM

**Total time allowed for set up and take down including the event is 2 hours.**

- A. Serving wine, beer? Y or N If YES, there will be a \$50.00 Alcohol Fee added
- B. Serving Refreshments? Y or N
- C. Is the event open to the general public? Y or N

Special Requests: \_\_\_\_\_

*My signature affirms all the above information is accurate and complete. If there are any changes in the above information after the permit is issued, I will immediately notify the Facility Director*

Permittee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_