



Recreation Center Reservation Application

Central Recreation Center - 50 E 5th Ave
 Senior Center - 2645 Alameda de las Pulgas
 Beresford Recreation Center - 2720 Alameda de las Pulgas
 King Community Center - 725 Monte Diablo Ave

Staff Only

Date Received	
Date Processed	
Approved	
Notes	

APPLICANT INFORMATION

First Name _____ Last Name _____
 Date of Birth _____ Email Address _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____

ORGANIZATION/GROUP INFORMATION – Complete this section if you are reserving on behalf of an organization or group.

Organization/ Group Name _____
 Street Address _____ City _____ State _____ Zip _____
 Business Phone _____ Fax _____
 Organization Type _____ *If non-profit, proof of 501(c) status required.* IRS EIN Number _____
 Are you authorized to represent this organization? Yes _____ No _____ Your Title: _____

RESERVATION INFORMATION

Facility requested	Is this event open to the public?		Yes	No	Yes	No
Type of Event/Activity	Serving wine, beer or liquor?		Yes	No	Selling wine, beer or liquor?	Yes
Anticipated Attendance	Minors	Adults	Charging for entrance, food or drinks?	Yes	No	Asking for donations?

Room	Start & End Date	Day of Week	Entry Time/Set Up Time	Program Start time	Program End Time	Exit Time/Clean Up time

Seating arrangements _____

Special requests/Event Notes _____

DAMAGE/CLEANING FEE

A cleaning fee may be charged upon staff inspection of the site if there is any damage or if excessive cleaning is required. Failure to pay this cleaning fee will result in the loss of rental privileges at all City facilities.

My signature affirms all the above information is accurate and complete. I agree to abide by all Conditions of Use contained in the permit, including the Parks & Recreation department Permit Terms & Conditions and any supplemental policies and requirements specific to the facility permitted, and understand I will be responsible for all costs the City may incur as a result of any failure to fully comply with all of these conditions. I agree to hold harmless, the City of San Mateo; its elective and appointed boards, commissions; officers; agents; and employees for any injury or loss incurred by those using the facilities requested.

Signature _____

Full Name _____

Date _____

CONTACT THE SPECIFIC LOCATION YOU ARE INTERESTED IN TO COMPLETE YOUR RESERVATION

BERESFORD RECREATION CENTER	(650)522-7440
SENIOR CENTER AND CENTRAL RECREATION CENTER	(650)522-7495
KING COMMUNITY CENTER	(650)522-7470