

# Westside Community Improvement Association

PO Box 5315  
Eureka, CA 95502  
707.497.6280

## Application and Permit for Use of Jefferson Facilities

(Revised 1/11/17)  
1000 B Street  
Eureka, CA 95501  
707.497.6280

### A. Event Information:

Name of Event \_\_\_\_\_

Type of Event \_\_\_\_\_

Date of Event \_\_\_\_\_

Time (when) of Event (not including set up/clean up\*) \_\_\_\_\_

\*There is 1/2 hour set-up and ½ hour clean-up allowance for each meeting. If more time is needed, it will increase the quoted rental price.

Estimated Attendance \_\_\_\_\_

### Food Service

Food Service must be ordered no less than 10 days previous to event to allot time for menu planning and shopping. If you are bringing your own food and/or beverages, please refer to our Rules and Regulations regarding food standards at The Jefferson Community Center.

**Beverages** (\$1.50 per person): Coffee, tea, infused H2O station

**Continental Breakfast/Light Lunch** (\$3.50 per person): Fruit, fresh baked goods, & beverages above.

**Full Meal** (\$7.50 per person): Main dish, 2-3 sides, beverages above, and a cookie/dessert.

Quantities ordering:

Beverages \_\_\_\_\_

Continental Breakfast: \_\_\_\_\_

Full Meal: \_\_\_\_\_

### Indoor Imagination Playground\*

The charge for use of the Indoor Imagination Playground, including a Play Associate, is \$20 per hour. The Associate is not child care. Children need to be supervised at all times. The Indoor Imagination Playground must be ordered no less than 10 days previous to allot time for scheduling. Reserving the room is not exclusive to your event and may be shared with other meetings/events/children.

\*Weather permitting, Play Associate may choose to take the children outside to the Jefferson Park Playground.

\_\_\_\_\_ yes, hours the Indoor Imagination Playground will be used: \_\_\_\_\_

\_\_\_\_\_ no

Additional Requests \_\_\_\_\_  
\_\_\_\_\_

#### B. Contact Information:

Name of Organization \_\_\_\_\_

Responsible Individual \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Sponsoring Organization/Individual \_\_\_\_\_

^Phone Number \_\_\_\_\_ ^Email \_\_\_\_\_

Non-Profit Organization      No      Yes If yes, Non-Profit ID# \_\_\_\_\_

Youth or Senior Organization      No      Yes

Admission Charged      No      Yes If yes, Price of Admission \_\_\_\_\_

Alcoholic Beverages Served      No      Yes

\_\_\_\_ **Received Rules and Regulations Governing the Use of Community Center  
Facilities**

**Insurance coverage is required for all permitted. A certificate of coverage must be provided, naming Westside Community Improvement Association as additional insured, for the amount of \$1,000,000.00 with no deductible.**

**WCIA RESERVES THE RIGHT TO CANCEL RESERVATIONS IF  
REQUIREMENTS ARE NOT MET.**

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS AND FEE STRUCTURE. I UNDERSTAND THAT A VIOLATION OF THESE RULES MAY CAUSE THIS RESERVATION TO BE CANCELED AT ANY TIME. I ALSO UNDERSTAND THAT SUCH A CANCELLATION MAY CAUSE ALL DEPOSITS AND RENTAL FEES TO BE FORFEITED. IN ADDITION, I UNDERSTAND THAT AT ALL TIMES THE FACILITIES REMAIN UNDER THE CONTROL OF THE AGENTS OF WCIA. PERMITS MAY BE REVOKED WITHOUT NOTICE IN CASE EMERGENCY USE OF FACILITY IS REQUIRED.

**Authorized Signature of the Organization President, Manager, Responsible Individual, Etc.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
(For Staff Use Only)

**Reviewed and Approved by Board President**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date