



City of Los Altos Recreation Department
 Hillview Community Center
 97 Hillview Avenue, Los Altos CA 94022
 www.ci.los-altos.ca.us

Phone: 650.947.2790
 Fax: 650.947.2738

FACILITY USE APPLICATION & PERMIT

FACILITY REQUESTING

Today's Date: 20 Aug 2008

- Hillview Community Center 97 Hillview Avenue Room _____
 Garden House 400 University
 Los Altos Youth Center One N. San Antonio Road
 Grant Park 1575 Holt Avenue Room _____

Event Information			
Date/s of Event: <u>SEPT 14, 2008</u>		Type of Activity: <u>BOY SCOUTS - EAGLE COURT OF HONOR</u>	
Set-up Time: <u>10 am/pm to 1 am/pm</u>	Event Time: <u>1 am/pm to 2:30 am/pm</u>	Clean-up Time: <u>2:30 am/pm to 4:00 am/pm</u>	
Estimated Attendance: <u>100 PEOPLE</u>		Will Food/Beverages be served? <u>LIGHT SNACK</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Will alcohol be served? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Music: <input type="checkbox"/> Live Music <input type="checkbox"/> D.J. <input checked="" type="checkbox"/> N/A	

<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Res Non-Profit <input type="checkbox"/> Non-Res Non-Profit	Event Name: (if applicable) <u>EAGLE COURT OF HONOR</u>	
Contact Name: <u>JOHN CAMERON</u>		Organization: (if applicable) <u>TROOP 37</u>	
Address: <u>51 CORONADO AVE</u>		Address of Organization:	
City: <u>LOS ALTOS</u>		Non-Profit Tax ID #:	
State: <u>CA</u>	Zip: <u>94022</u>	Percentage of Los Altos Residents in Organization? (50% is required to be a Resident group) <u>90</u> %	
Day Phone: <u>(650) 279-9819</u>		Cell or Evening Phone: <u>(650) 941-0134 (home)</u>	
Email Address: <u>jcameron@pacificcrest.com</u>			
2 nd Contact Name: <u>VICTORIA CAMERON</u>		Day Phone: <u>(650) 279-9820</u>	

WAIVER OF LIABILITY

Applicant hereby agrees to hold the City of Los Altos, its governing board, the individual members thereof, and all City of Los Altos officers, agents and employees free and harmless from any loss, damage liability, cost or expense during or be caused in any way by such use of occupancy of City property. All applications shall bear the signature of a person 21 years or older who is duly authorized representative of the organization or group making the request, and further the applicant agrees to reimburse the City of any loss or damage to City property caused by such use. I HAVE READ AND UNDERSTAND THE ATTACHED POLICIES AND REGULATIONS ATTENDANT TO MY RENTAL OF THIS FACILITY (including decorations, clean-up, noise etc.) & I AGREE TO ABIDE BY THEM.

Signature of Applicant: [Signature] Date: 20 AUG 2008

The signature below authorizes the City of Los Altos to destroy (shred) the deposit check should the applicant not pick it up within 10 business days from the date of the facility rental as stated above.

Signature of Applicant: [Signature] Date: 20 AUG 2008
ASST SCOUT MASTER TROOP 37