



**CITY OF IMPERIAL**  
 DEPARTMENT OF PARKS AND RECREATION  
 JAMES M. BUCHER SENIOR CENTER RESERVATION APPLICATION

*James M. Bucher*  
**SENIOR CENTER**

**APPLICANT INFORMATION:**

Organization Name (if applicable): \_\_\_\_\_  
 Organization Mailing Address: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**RESERVATION INFORMATION:**

Purpose for Request: \_\_\_\_\_  
 Activity Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
*Set up and clean up times must be included in reservation.*  
 Standing Appointments:            Weekly            Monthly            Day of the Week: \_\_\_\_\_  
 Estimated total attendance (including adults and children): \_\_\_\_\_ Age Range of Children: \_\_\_\_\_

**Acceptance of Responsibility, Release, and Liability**

I (We) assume full responsibility for any damages to the City of Imperial equipment and/or property that occur as a result of the requested use. Furthermore, I (We) understand that the City of Imperial, its staff, and members of the Parks and Recreation Committee, will not be held liable for any injury or damage which may occur to me, my guest, and/or members of the above-named organization and our property during our requested use of the facility. All applicants must provide a Certificate of Insurance, naming the City of Imperial, its agents, servants and employees as additional insured, evidencing the following:

Individuals: Personal liability/home owners insurance with per occurrence and aggregate limits of not less than \$300,000.00.  
 Groups: Commercial general liability insurance with per occurrence and aggregate limits of not less than \$1,000,000.00

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**FOR CITY USE ONLY**

<b>(034) USAGE</b>		<b>(05) DEPOSIT</b>		<b>APPROVED BY:</b>	<b>Total Fees:</b>
<input type="checkbox"/> ROOM FEE	\$30.00	<input type="checkbox"/> *CLEANING	\$30.00	<input type="checkbox"/> DIRECTOR _____	<input type="checkbox"/> AMOUNT PAID _____
<input type="checkbox"/> NR ROOM FEE	\$60.00	<input type="checkbox"/> **KEY	\$20.00	<input type="checkbox"/> COORDINATOR _____	<input type="checkbox"/> CASH _____
<input type="checkbox"/> COM ROOM FEE	\$60.00	<input type="checkbox"/> ***SECURITY	\$100.00		<input type="checkbox"/> CHECK _____

\* Cleaning deposit refundable if facility is cleaned to the satisfaction of the Director of Parks and Recreation  
 \*\* Key deposit refundable when keys are returned—keys may not be duplicated  
 \*\*\*Security deposit refundable at end of facility usage upon Director of Parks and Recreation's approval