



## FACILITY RESERVATION REQUEST

1. Date of Event: \_\_\_\_\_

2. Name of Event: \_\_\_\_\_

3. Brief Description of Event:

4. Name of Organization/Individual(s): \_\_\_\_\_

5. Contact Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

6. Fee or Admission Charged to attend the event, if any: \_\_\_\_\_

7. Expected Attendance: \_\_\_\_\_

8. Set -Up Time: \_\_\_\_\_ Departure Time (*includes enough time for clean up*): \_\_\_\_\_

Times of Actual Event: \_\_\_\_\_ to \_\_\_\_\_

9. Facility Requested:

Nisei Veterans Memorial Hall     Main Hall     Single Classroom     Double Classroom

10. Special Requirements:

Kitchen (\$50)     Stage (\$150)     Projector Screen (no charge)

11. Do you plan to have food/beverages at your event?     Yes     No

If so, please explain. \_\_\_\_\_

12. Have you previously used GVJCI's facilities?     Yes     No

If so, when? \_\_\_\_\_

If not, please advise how you were referred to us:



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15. Applicant: I have read and understand the general policy itemized on the Facility Usage Agreement. Individuals and/or organizations utilizing GVJCI's facilities are liable and I/we accept responsibility for all damages and liability.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\*LIABILITY INSURANCE (Mandatory for all events on the GVJCI premises) Please provide a Commercial General Liability Insurance in the form of a Certificate of Insurance naming GVJCI as the additional insured (Certificate Holder) in the amount of \$1,000,000 for the day of the event.



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### INDEMNITY AGREEMENT

The undersigned hereby represents he/she is the authorized representative of

\_\_\_\_\_, to wit, its \_\_\_\_\_  
(Name of Organization/Responsible Party) (Title of Signator)

The undersigned further agrees said renter, in consideration of use of facilities of Gardena Valley Japanese Cultural Institute (GVJCI), situated at 1964 W. 162<sup>nd</sup> Street, Gardena, California on the below mentioned date(s), shall be responsible, and indemnify GVJCI for any and all damages/losses resulting from use of said facilities; and that said renter shall further be solely responsible and save and hold GVJCI harmless from any and all claims and causes of action resulting from injuries to person or persons and property of others arising out of the use of said facilities by said organization/individual.

In regards Indemnity Deposit, GVJCI inspects premises following conclusion of rental event; making necessary charge/deduction from deposit, if any, determined by status of hall condition inspection; renter to provide own clean-up supplies and paraphernalia.

\_\_\_\_\_  
Print Organization/Responsible Party Name Date(s) of Facility Rental

\_\_\_\_\_  
Signature of Representative Date of Signature



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\*\*\*\*\* For Office Use Only \*\*\*\*\*

Rental Fee: \_\_\_\_\_

Kitchen Fee (\$50): \_\_\_\_\_

Stage Fee (\$150): \_\_\_\_\_

Maintenance Fee (\$50): \_\_\_\_\_

Additional Fee(s), if any: \_\_\_\_\_

Security Deposit (\$300): \_\_\_\_\_  
(Refundable)

TOTAL: \_\_\_\_\_

Certificate of Liability\*:  On File  Needed  Copy Received

Deposit Amount Received (\$150) \_\_\_\_\_ Ck# \_\_\_\_\_
Balance Due: \_\_\_\_\_ Ck# \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_

Renter's Reservation Form Confirmed via:  Email  Fax  Mail Date: \_\_\_/\_\_\_/\_\_\_
Hall/Classroom Walk Through:  Completed Date: \_\_\_/\_\_\_/\_\_\_
Renter's Initials: \_\_\_\_\_ GVJCI Staff: \_\_\_\_\_