

CARMEL YOUTH CENTER

Corner of Fourth Avenue & Torres Street
Post Office Box 2399
Carmel, CA 93921
(831) 624-3285 (831) 624-0130 fax

FACILITY USE PERMIT

Date of Reservation _____ Time _____

Organization _____
(Persons Responsible)

Name _____

Address _____

City/Zip _____ Phone # _____ Cell # _____

Type of Event _____

Rooms Reserved _____ Time for Set-Up _____

Food _____

Estimated Attendance: Youth _____ Adults _____ Chaperones _____

Proof of Insurance _____

Security/Cleaning Deposit: \$200

FEES

- Facility Rental for Parties
- _____ \$150 first hour \$100 each additional hour (**\$250 minimum**) 50 kids
- _____ \$125 per additional 25 kids
- _____ \$250 additional for Amplified Music
- _____ \$100 Snack Bar with Staff
- _____ \$50 additional for Theater Use

I, the undersigned applicant have read, understand and agree to the rules as stated on the reverse of this form. I do hereby agree to pay in advance, the total fee as indicated above. The full cleaning deposit will be refunded if the facility is left in a clean and neat condition. I do further hereby agree to be personally responsible and liable for any and all damages or losses which are caused to the Carmel Youth Center as a result of use of the facility by the group. I also agree to adhere to any and all rules and regulations governing facility use.

Signature of Applicant Date _____

Youth Center Director Date _____