

Community Services Department
Escalante Community Center



ROOM RESERVATION REQUEST 2019

2150 E. Orange St. Tempe, AZ 85281

www.tempe.gov/escalante

Phone: 480-350-5800

Fax: 480-350-5815

RESPONSIBLE PARTY INFORMATION (Must be present at meeting/event)

First Name	Last Name	Business Phone	Cell/Home Phone
Mailing Address	City	St	Zip
Email Address	Birthdate		

ALTERNATE CONTACT PERSON

First Name	Last Name	Business Phone	Cell/Home Phone
Email Address	Birthdate		

ORGANIZATION INFORMATION

Organization Name:			
Mailing Address (If different from Responsible Party)	City	St	Zip
Brief Description of Organization			

MEETING INFORMATION

Description of Meeting/Event:			
Number of Attendees:	# of Tables Needed:	# of Chairs Needed:	
Will your meeting/event include any of the following:	Food/Drink	Arts/Crafts	Amplified Music/DJ
Will your meeting/event need the use of:	PA System	Projection System	TV/DVD Cart
Any special accommodations:			

This is an application only. Nothing is finalized until all payments and required documents are received and a permit is sent to you from the Community Services Department. By signing below I attest that I am at least 18 years of age, and have read, understand and agree to comply with all of the attached room reservation policies and procedures.

Signature of Responsible Party					Date
FOR OFFICE USE ONLY		DATE RECEIVED:		PERMIT #:	
City Dept.	Resident	Non-Resident	Not for Profit	Commercial/For Profit	DATE OF EVENT:

CITY OF TEMPE FACILITY USE POLICIES

*Policies for Tempe Facilities Tempe City Code, Chapter 23, Article III, Division, 2 Sections 23-56 & 23-57. Please read these policies carefully and make certain that **all** members of your group are familiar with them.*

Facility Request Form

This form can be obtained online or in person at the requested facility, and must be completed in full and submitted to that facility for consideration. The request form should be submitted at least two weeks prior to the requested date.

All activities must be under competent, adult supervision (18 years or over), with the organization using the facility assuming full responsibility for any damage to the facility or equipment used. The use of facilities and special equipment shall be issued by the Community Services employee on duty through the responsible party **ONLY**.

The total number of people admitted for any usage shall not exceed the capacity of the assigned room as determined by an official designated by the Community Services Department and/or the City Fire Marshall.

Verification of Building Use

Verification of reserved meeting space is contingent upon final approval by the Community Services Department. Nothing is finalized until you have received a Facility Use Permit that is signed by the Permittee and a designee of the Community Services Department. Do not advertise your meeting or event until you have received the final permit from the facility.

Permittee must:

- Return to the facility a signed copy of the Facility Use Permit.
- Submit payment by the deadline set by the facility.
- Be present throughout the time that the facility is in use.
- Ensure that all activity is confined to the rented area.

Prohibited Activities

- Tobacco use and smoking inside the facility.
- Bringing alcoholic beverages into the facility.
- Attaching material of any kind to any part of the facility without written permission.
- Any use that detracts from general public enjoyment or use of the facility, or interferes with facility maintenance.

Reservation Changes/Cancellations

Changes to, or cancellation of, reservations must be made within two (2) business days (Monday through Friday) of the reservation and may be made **ONLY** by the Permittee. Any requests made during the scheduled activity must be made by the Permittee.

If the facility is not notified of a cancellation, the permit holder will forfeit all fees associated with the reservation.

All permits are made on a calendar year basis. Permits may be reissued each year with approval.

Staff Responsibilities

The Community Services Department employee on duty shall exercise authority over the organization and its activities. If adult supervision is inadequate, it is the responsibility of the staff person to report it to the facility supervisor.

Facility Set-up/Clean-up

Set-up and clean-up of the contracted area will be the responsibility of the Permittee. The user shall be charged on an hourly basis to pay for clean-up if it is necessary for the City to provide additional clean-up services. A clean-up deposit may be required if deemed necessary. No furniture/equipment shall be moved into the facility without permission. Any property remaining at the facility after the event will be disposed of or recycled. The Permittee must ensure that all facilities and requested equipment are left in good order.

- Requested time must include time for set-up and clean-up.
- All attendees must vacate the facility by closing time unless permission is otherwise granted.

Certificate of Insurance

The City of Tempe may require a Certificate of Insurance. If required, the Certificate must state at least the following minimum liability coverage:

- | | |
|--------------------|-------------|
| A. Bodily Injury | \$1,000,000 |
| B. Property Damage | \$ 100,000 |

Additionally, on the Certificate of Insurance the following must be stated:

- The City of Tempe is named as an additional insured.
- This insurance is primary to the City of Tempe's self-insurance retention.

Prioritization

Per Tempe City Policy the prioritization for the use of these City facilities is as follows:

1. City use
2. Community partners
3. Tempe not-for-profit organizations
4. Tempe residents
5. Non-resident, not-for-profit organizations
6. Non-residents
7. For-profit organizations

Permits are revocable if any rule is violated.

I have read and understand Tempe City Code, Chapter 23, Article III, Division, 2, Sections 23-56 & 23-57.

Responsible Party

Date

(Please return with your application)

ROOM INFORMATION

La Paz(max. capacity 20)
Brio(25) Bravo(25)
Amistad(20)
Senior Center Multi-purpose (50-100)
Sano Multi-purpose(75)

HOURS AVAILABLE

Monday-Thursday 8am-8:30pm
Fridays 8am-7:30pm
Saturdays 10am-4:30pm
Sundays 1pm-5:30pm

ORGANIZATION NAME _____

RESPONSIBLE PARTY _____

DATES REQUESTED (PLEASE CIRCLE)

Please include set-up and take-down time when requesting dates & times

**Blacked out dates indicate facility closed

JANUARY 2019						
S	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

HOURS: _____

FEBRUARY 2019						
S	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

HOURS: _____

MARCH 2019						
S	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Spring Break March 11th – 15th
HOURS: _____

APRIL 2019						
S	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

HOURS: _____

MAY 2019						
S	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Escalante is open 12-5:30 on May 27th
HOURS: _____

JUNE 2019						
S	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

HOURS: _____

JULY 2019						
S	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Escalante is open 12-5:30 on July 4th
HOURS: _____

AUGUST 2019						
S	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

HOURS: _____

SEPTEMBER 2019						
S	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Escalante is open 12-5:30
HOURS: _____

OCTOBER 2019						
S	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Fall Break October 7th – 11th
HOURS: _____

NOVEMBER 2019						
S	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

HOURS: _____

DECEMBER 2019						
S	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

HOURS: _____
