Chino Community Services Department - Neighborhood Services Division
5201 "D" Street, Chino CA 91710
Office (909) 590-5575 – Fax (909) 590-5581

NAC FACILITY RESERVATION REQUEST APPLICATION

APPLICANT INFORMATION

Contact Person _____ **Dept/Division** _____

Phone _____ **Ext#** _____ **E-mail** _____

Date/Day Requesting _____ **Time Start** _____ **Time End** _____

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Times requested must include necessary set-up and clean-up

Type of Activity _____

Is the activity open to the public? **Yes** **or** **No** **Expected Attendance?** _____

Will fees be collected for this event? **Yes** **or** **No** **Purpose for Collection** _____

- A 10-day minimum notice is required.
- Applicant will be notified if the use is approved or not within two business days of submittal.
- No alcoholic beverages allowed. No food or drinks unless authorized in writing on the application.

FACILITY/ROOM INFORMATION

Listed below are the rooms available for reservation. Please ☑ the room(s) that you are requesting.
10 tables & 50 chairs are available for use. Applicant will need to supply additional tables & chairs if needed.

- ❑ **Multi Purpose Room #2** – *Available for formal meetings, conferences, workshops etc. T.V./VCR, & dry erase board available. Accommodates approximately 20-30 persons in a classroom setting (6 tables w/ 5 chairs). No food or drinks are permitted.*
- ❑ **Physical Activity Room** – *Available for informal meetings & physical activities. Accommodates approximately 30-50 persons in a classroom setting (8 tables w/5 chairs), up to 30 persons participating in physical activity. Exercise mats, mirror walls, & dry erase board available. Food allowed with pre-approval.*
- ❑ **Kitchen** – *Available to store food items during meetings. Refrigerator/freezer, microwave, sink, & ice machine available.*
- ❑ **Basketball Gym** – *Available for basketball league play, & practices. Score clock, bleachers, & team sideline set-up available. Proof of liability insurance required. Food or drink with prior approval.*

List any other information, equipment, or services you will be providing at your function:

_____

_____

Please provide Neighborhood Services staff a room diagram in the space provided below

Legend: X = Chair ☐ = Table Number of chairs _____ Number of tables _____

(Entrance)

_____ _____
Signature of Requestor Date

FOR OFFICE USE ONLY

◯ Approved ◯ Denied

_____
Staff Signature Date

Comments:_____

_____