



**APPLICATION FOR USE OF FACILITIES**

*Any request to make changes to a reservation must be made in person no later than thirty (30) days prior to the event.  
Fees will not be refunded if cancelled less than thirty (30) days  
Payment of all fees is required with the application.*

**MURDY COMMUNITY CENTER:**

- Hall A       Hall B       Hall C&D       Studio       Kitchen  
Maximum 150      Maximum 60      Maximum 60      Maximum 75

Applicant Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Co-Applicant Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Will Food be served?     N/A    YES    NO    Is the event open to the public?     N/A    YES    NO

Time Guests will arrive \_\_\_\_\_

Will guests be charged to enter?     N/A    YES    NO

Type of Event: \_\_\_\_\_ Number in Attendance:\* \_\_\_\_\_  
\*Number Includes Guests, Vendors & Staff

Date(s) Requested: \_\_\_\_\_ Day(s) of Week: \_\_\_\_\_

Hours Requested (Include *setup and cleanup* time): \_\_\_\_\_  am    pm   to \_\_\_\_\_  am    pm

Is this rental ongoing?     YES    NO    Frequency of Rental: \_\_\_\_\_ Organization: \_\_\_\_\_

Type of Rental:     Private                       Business                       Non-Profit Organizations

**BOUNCE HOUSE/JUMPER:**

- I ***will not*** have a food truck or taco truck and/or bounce house, jumper or game truck at my event.  
 I ***will*** have a bounce house, jumper or game at my event. **A permit is required** to place a bounce house, jumper, or game truck at any City park. The cost of a Bounce House/Jumper Permit is **\$25.00**. \*See Policies for unpermitted devices

We intend to comply with the Americans with Disabilities Act. If you require special accommodations, indicate on line below:

*If you are providing your own insurance, it must be submitted and APPROVED no later than 30 days prior to the scheduled event.*

**CITY OF HUNTINGTON BEACH  
 COMMUNITY & LIBRARY SERVICES  
 Murdy Community Center - 7000 Norma Drive  
 Huntington Beach, CA 92648  
 (714) 960-8895**



**Office Hours: Monday-Friday 8:30a-9:00p  
 Saturday 8:30a-1:00p**

For EMERGENCIES, please contact:  
 Police Department 714-960-8811

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**REFUNDS:**

- Credit card payment – will be applied to the card used for payment. Refunds are processed 7-10 days after event for processing.
- Check or cash payments – a check will be mailed to the address listed above. Please allow up to 4-6 weeks after the event for processing.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

The undersigned hereby agrees to abide by the policies governing the use of this facility, as set forth on the attached page, and all others approved by City Council, and will specifically accept responsibility for any damage to the facility, furniture or equipment caused by the occupancy of said premises. I understand that the City of Huntington Beach is not responsible for lost or stolen property.

**The failure to fulfill any obligation within this document or violate any provisions herein shall be considered a breach of facility use, and may result in immediate termination of the event and the forfeiture of all fees and deposits.**

\_\_\_\_\_  
 Signature of Applicant                      Driver's License #                      Birth Date                      Date

\_\_\_\_\_  
 Signature of Co-Applicant                      Driver's License #                      Birth Date                      Date

**APPROVAL:**

COMMUNITY & LIBRARY SERVICES  
 Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
 By \_\_\_\_\_

CITY MANAGER OR DESIGNEE  
 Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
 By \_\_\_\_\_

(FOR DEPARTMENT USE ONLY)

**CHARGES:**

Number of Hours _____ @ _____	\$ _____	Other	\$ _____
Bounce House/Jumper Fee	\$ _____	Insurance Fee	\$ _____
Cleaning/Security Deposit	\$ _____		

Cash     Credit Card     MC     D    Last 4 Digits \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_     Check # \_\_\_\_\_    **TOTAL \$ \_\_\_\_\_**

Received By: \_\_\_\_\_                      Date: \_\_\_\_\_                      Receipt #: \_\_\_\_\_