



聖瑪利諾華人協會
CHINESE CLUB OF SAN MARINO

2425 Huntington Drive, San Marino, CA 91108

Tel: (626) 796-5190 Fax: (626) 796-5180

APPLICATION FOR USE OF FACILITIES

1. _____ Date: _____
(Name of Organization or Individual)
2. Address: _____ Phone: _____
3. City/Zip: _____ Email: _____
4. Date(s) Requested: _____ Time of day: From: _____ To: _____
If recurring: Start date: _____ End Date: _____
5. Purpose of Meeting/Event: _____
6. Approximate Attendance: _____
7. ☐ I have access to the club. (key) ☐ I will need access to the club.
8. Equipment Requested: _____

The Organization/ Individual using the facility is responsible for set up, keep clean, and return to normal set up after the approved event or activity.

By signing this form, you acknowledge that you are waiving any rights you or your group may have if you are injured during the use of the facilities.

Signature of Responsible Party

Date: _____

For Office Use Only	Usage Fee _____
Approved by : _____	Date: _____