



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. Applicant: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. City/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

4. Date(s) Requested: \_\_\_\_\_

Time of day: From: \_\_\_\_\_ to: \_\_\_\_\_ (Please include set up and clean up time)

If recurring: Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

5. Purpose of Meeting/Event: \_\_\_\_\_

6. Approximate Attendance: \_\_\_\_\_

7. Facilities Requested:

<b>Main Hall</b>		
<input type="checkbox"/> Folding Tables Quantities: _____	<input type="checkbox"/> Folding Chairs Quantities: _____	<input type="checkbox"/> Cocktail Tables Quantities: _____
<input type="checkbox"/> WiFi access	<input type="checkbox"/> Sound System	<input type="checkbox"/> Video System
<input type="checkbox"/> Projector & Screen	<input type="checkbox"/> Karaoke Equipment	<input type="checkbox"/> Lighting System

<b>Middle Activity Room</b>		
<input type="checkbox"/> Flip Over Tables Quantities: _____	<input type="checkbox"/> Plastic Chairs Quantities: _____	<input type="checkbox"/> Karaoke Equipment
<input type="checkbox"/> WiFi access	<input type="checkbox"/> Sound System	<input type="checkbox"/> Video System
<input type="checkbox"/> Lighting System		

<b>Kitchen</b>		
<input type="checkbox"/> Bar Stools Quantities:	<input type="checkbox"/> Burner Stove, Oven, Microwave	<input type="checkbox"/> Refrigerator
<input type="checkbox"/> WiFi access	<input type="checkbox"/> Sound System	<input type="checkbox"/> Video System

<b>Back Classroom</b>		
<input type="checkbox"/> Folding Tables Quantities:	<input type="checkbox"/> Folding Chairs Quantities:	<input type="checkbox"/> Cocktail Tables Quantities:
<input type="checkbox"/> WiFi access	<input type="checkbox"/> Projector & Screen	

8. Do you carry your own general liability insurance in an amount not less than \$1,000,000.00?
- Yes. (Please provide certificate of insurance and separate endorsement page listing Chinese Club of San Marino along with the application.)
  - No. (Please check Eventhelper.com or purchase by the other providers and submit to us 14 days prior the event.)

9. Note: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Responsible Party

<p>For Office Use Only</p> <p>Approved by: _____ Total Fee: _____</p> <p>Note: _____</p>
--

## Credit Card on Hold Consent Form

Please complete all fields. *Your form will be returned when the event is ended.*

Credit Card Information
Card Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex  <input type="checkbox"/> Other _____
Cardholder Name (as shown on card)
Card Number
Expiration Date (mm/yy)
Note

I, \_\_\_\_\_, agree Chinese Club of San Marino (CCSM) to have my credit card information above along with a \$300 pre-authorization hold for reservation of club facilities. I understand that my information will keep confidential and this form will be returned when the event is ended.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_