COLUMBIA NEIGHBORHOOD CENTER (CNC) - RESERVATION REQUEST

785 Morse Avenue, Sunnyvale, CA 94085-3010 Phone 408-730-7800 □ Fax 408-523-8158

PLEASE PRINT:				DATE:		
Please Check Facility: ☐CMS Staff Room ☐Classroom #	Į	□CNC Gym – Whole □Morse Conference R □AMD Conference Ro		□CNC Gym – Half □Multi-Purpose Room □Library		
School, City Department	, Group, Comp	any, or Individual Nan	ne:			
☐ Sunnyvale Non-profit	(501c3 IRS form	n required) 🔲 Schoo	ol or City use	☐ Sunnyvale Resident	☐ General Public	
Individual Responsible fo	r Reservation (f different from above	e):			
Address:	ddress:			Zip:		
Phone 1:			Phone	2:		
Email address ((optional):					
Reservation Date(s)	Start time (include set up time)		up time)	End time (include clean up time)		
	Time:	AM or PM	to	AM or PM =	hrs.	
	Time:	AM or PM	to	AM or PM =	hrs.	
	Time:	AM or PM	to	AM or PM =	hrs.	
	Time:	AM or PM	to	AM or PM =	hrs.	
				uests or notes:		
Users must, also, premployees, officers • Security deposit of S	liability insurar ovide Additiona and agents are \$500 is mandat	nce with limits of no lead insured endorsement to hereby name as additions.	nt naming: Sun	nyvale School District and Is for the dates of the facil	ity rental.	
•	•	that all exterior doors t was found, including				
NO alcohol or smok			, the location c	. Turricare.		
NO tape or staples ofYou agree with the						
LIABILITY STATEMENT In submitting this application certify that the intended us subject to approval by the charmless the Sunnyvale Schand employees from and agway related to such use or buildings, furniture, or equi	on, I certify that I e, as detailed abo CNC Site Manage ool District, the G ainst all claims, d occupancy of faci pment, occurring d within seven da	have read and understan ove, is in compliance with r or his/her designated r City of Sunnyvale, its City amages, losses and expe lities. I, the undersigned, through occupancy or u oys. I agree that the reser	a said rules and a epresentative. council and Cor nses, including b , or the organiza use of said build rvation is grante	regulations, certification of ins Applicant/Permit Holder herel mmissions, the individual mem but not limited to attorney's fe ation I represent, will be responding by the applicant. Any lost d with the understanding that	nide by any special conditions set forth. urance requirements (if required), and i by agrees to indemnify, defend and hole abers thereof, and all the officers, agent tes arising out of, resulting from or in any consible for any damages sustained by the equipment or damages sustained to the tothe CNC may cancel when the facility i	

Applicant Signature

Applicant Name (Print)

Updated: 12/1/22

Date