



APPLICATION FOR USE OF IMPERIAL VETERAN'S HALL

Requests must be submitted at least 30 business days in advance.
Requests for recurring events must be submitted at least 45 business days in advance.
 Please submit to office or via email to: countyparksandrecreation@co.imperial.ca.us

CONTACT INFORMATION	Applicant Name/Organization:		Organization Contact (if different from Applicant):	
	Mailing Address:		City:	ZIP Code:
	Phone No. (1):		Phone No. (2):	Fax No.:
	E-Mail Address:		Other:	

EVENT INFORMATION	Type/Purpose of Event:			Estimated Attendance:		
	Describe Seating Plan: <i>(if applicable)</i>			Kitchen Use:	<input type="checkbox"/> Yes <input type="checkbox"/> No	List appliances to be used:
	Single Use:	Requested Date(s) _____		Start Time _____	End Time _____	
	Weekly:	Start Date _____	End Date _____	Start Time _____	End Time _____	
	Bi-Weekly:	Start Date _____	End Date _____	Start Time _____	End Time _____	
	Monthly:	Start Date _____	End Date _____	Start Time _____	End Time _____	
Other:	Start Date _____	End Date _____	Start Time _____	End Time _____		

USE INFORMATION	Will food be provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will alcohol be allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will admission or a fee be charged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will there be amplified music?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the event open to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be food vendors at your event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will there be merchandise vendors at your event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	I/We have Liability Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____	

Additional Event Information not listed in above questionnaire: _____

Please note that this is an application to use facility ONLY and the use of the facility is only authorized after a proper contract/agreement stating all the terms and conditions has been signed by both parties and all fees have been paid in full

Please Sign and Date:

Signature: _____

Date: _____

Imperial County Department of Public Works - Facilities Services/Capital Facilities

1002 W. State St., El Centro, CA 92243

Phone: (442) 265-1824 E-Mail: countyparksandrecreation@co.imperial.ca.us