Reservation Form
FHDA Plaza and Peter T Lewis Greenroom

Please note: Rental is not confirmed until your form is received, approved and deposit is paid.

Name of Organization/Renter: _____

Contact Person: _____

Address: _____

City: _____ Zip: _____

Contact Phone: _____ Alternate Phone: _____

Email: _____

NAME OF EVENT: _____

FHDA PLAZA REQUEST DATE: _____ ALTERNATE DATE: _____

HOURS OF USE: _____ TO _____

PURPOSE OF USE: _____

NONPROFIT (DOCUMENTATION REQUIRED) ___YES ___ NO   EST. ATTENDANCE: _____

TICKETED EVENT? ___ YES ___ NO   GREEN ROOM RENTAL: ___ YES ___ NO

Renter is responsible for facility cleaning, whether financially or by providing your own service.
CLEAN UP PROVIDED BY RENTER? ___YES ___ NO
*DO YOU PLAN TO SERVE OR SELL ALCOHOL? ___YES ___ NO
*DO YOU PLAN TO SELL GOODS? ___YES ___ NO
*An ABC and/or business license must be obtained and approved by the City.

INSURANCE REQUIREMENTS
Concurrent with the execution of this Use of City Facilities permit, user shall provide evidence of liability insurance with a minimum amount of $1,000,000 per occurrence with $2,000,000 in general aggregate and a separate endorsement naming the City of Folsom, the FHDA, it's officers, agents and employees as an additional insured. User further agrees to indemnify, defend and hold harmless the City of Folsom, the FHDA it's officers, agents, and employees against any claims, demands, damages, costs, expenses of whatever nature, including court costs and attorney fees arising out of or resulting from user's use of City of Folsom facilities.

My signature below certifies that I have read the conditions as set forth by the Folsom Historic District Association governing the use of items specified above, that I and/or my organization/team will take full responsibility for seeing that the use of these facilities/areas by the organization/team/self I represent will be in full adherence and compliance with these conditions, that I/we will hold the Folsom Historic District harmless from any damages, claims for damage for personal injury or death, damage to, or loss of property incurred in the use of these facilities/areas.

Signature: _____ Title: _____

Print Name: _____ Date: _____