CITY OF DELANO
COMMUNITY SERVICES DEPARTMENT
925 ELLINGTON ST. DELANO
(661) 721-3335

APPLICATION FOR USE OF CECIL PARK STAGE

DATE OF USE:_____ DATE OF APPLICATION:_____

ORGANIZATION/APPLICANT:_____

APPLICANT ADDRESS:_____ CITY/ZIP:_____

PHONE NUMBER:_____

TOTAL TIME OF USE** FROM:_____ TO:_____ TOTAL HOURS_____

PURPOSE OF USE:_____

ESTIMATED ATTENDANCE:_____

WILL YOU HAVE ANY AMPLIFIED SOUND? YES / NO

IF YES, BETWEEN WHAT HOURS?_____

PLEASE
EXPLAIN:_____

_____

WILL YOU NEED ACCESS TO ELECTRICAL OUTLETS? YES / NO

PERSON(S) IN CHARGE OF ACTIVITY:

NAME:_____PHONE #:_____

NAME:_____PHONE #:_____

ABSOLUTELY NO VEHICLES ON PARK GROUNDS!!

I HEREBY CERTIFY THAT I UNDERSTAND THE TERMS AND CONDITIONS REGARDING USE OF THE CECIL PARK STAGE. I FURTHER AGREE TO HOLD THE CITY OF DELANO, ITS GOVERNING BOARD, THE INDIVIDUAL MEMBERS THEREOF, AND ALL OFFICERS, AGENTS, AND EMPLOYEES FREE AND HARMLESS FROM ANY LOSS, DAMAGE, LIABILITY, COSTS OR EXPENSES THAT MAY ARISE DURING (OR BE CAUSED IN ANY WAY BY) SUCH USE OR OCCUPANCY OF CITY PROPERTY.

APPLICANT'S SIGNATURE: _____ DATE:_____

*****OFFICE USE ONLY*****

APPROVED/DISAPPROVED:_____ DATE:_____