



EAST SAN GABRIEL VALLEY  
JAPANESE COMMUNITY CENTER **ESGVJCC**

## FACILITY USE APPLICATION

Name of Event: \_\_\_\_\_

Sponsor/ Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

ESGVJCC Member

Private Renter

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Day/Date of Event \_\_\_\_\_

Hours of Event: \_\_\_\_\_ to \_\_\_\_\_

Set-up Time: \_\_\_\_\_ to \_\_\_\_\_

Clean-up (Members Only): \_\_\_\_\_ to \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

AREA REQUESTED

Gym

Social Hall

Kitchen

Dining Room

Classrooms

Entire premises

Other (specify) \_\_\_\_\_

Please describe the type of event and program: (use separate sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment Requested: \_\_\_\_\_  
\_\_\_\_\_

Describe any equipment/decorations that may be brought onto the premises: \_\_\_\_\_  
\_\_\_\_\_

Will Caterers be used?  Yes  No If yes, Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Will alcoholic beverages be served?  Yes  No Served by: \_\_\_\_\_

Hours of service: \_\_\_\_\_ to \_\_\_\_\_

**Completion of this application does not constitute a confirmed facility reservation. Only after a rental contract has been executed and a deposit received can a rental request be considered a confirmed reservation.**