Special Event Insurance

LOCATION REQUESTED _____

DATE(S) REQUESTED   _____

TIME(S) REQUESTED   _____

GROUP/ORGANIZATION _____

PERSON RESPONSIBLE _____   E-MAIL _____

ADDRESS _____

CITY _____   STATE _____ ZIP _____

HOME PHONE _____   CELL PHONE _____

ANTICIPATED ATTENDANCE: _____

EVENT DETAILS:

_____

In consideration of acceptance of this application, I hereby certify that I shall be personally responsible on behalf of my organization or group for any damage or unnecessary abuse of buildings, grounds or equipment on said premises by my organization or group.

I, my executors, administrators and assignees waive and release the City of Seal Beach and the Seal Beach Recreation AND community Services Department, from any damage or personal injuries that I, or members of my organization or group, might sustain with use of said facilities.

SIGNATURE _____   DATE _____

THE SEAL BEACH RECREATION AND COMMUNITY SERVICES DEPARTMENT RESERVES THE RIGHT TO CHANGE PERMIT FOR CITY OR SCHOOL DISTRICT ACTIVITIES.   THIS PERMIT MUST BE IN YOUR POSSESSION DURING YOUR RESERVATION.

METHOD OF PAYMENT

MAKE CHECK PAYABLE TO **CITY OF SEAL BEACH**

☐ CHECK #: _____
☐ CASH
☐ VISA [VISA]   ☐ MASTERCARD [MC] **(NO DEBIT CARDS)** TOTAL CHARGED TO ACCT: $ _____

CARD # ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐   EXP. DATE ☐☐ – ☐☐

SIGNATURE _____ TOTAL CHARGED TO ACCT: $ _____