City of Tustin
Parks and Recreation Department
TCCMP - FACILITY USE APPLICATION
2961 El Camino Real, Tustin, CA 92782

COMPLETE ☐

RENTAL #: _____

☐ Meeting Room A (Oak)
☐ Meeting Room B (Sycamore)
☐ Meeting Room A&B (Oak & Sycamore)
☐ Theatre A (Spruce)
☐ Theatre B (Palm)

APPLICANT

Person in Charge: _____   Organization (if applicable): _____

Address: _____   Zip Code: _____

Email: _____   Phone: _____

Alternate Person in Charge (Required): _____   Phone: _____

EVENT DESCRIPTION

Event Date: _____   Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐

Anticipated Attendance: _____   Activity Description: _____

Set-Up Time: FROM _____ TO _____   Event Time: FROM _____ TO _____   Clean-Up Time: FROM _____ TO _____

Other requirements: _____

Audio/Visual : Yes ☐   No ☐   _____

Will alcoholic beverages be served? ☐   Will alcoholic beverages be sold? ☐   If yes, ABC License is needed at event.

Will event be open to the general public? ☐   Will admission be charged? ☐   If yes, how much? _____

How will proceeds be used? _____

I hereby certify that I have read the Facility Use Policies and that I and/or my organization will abide by them. I agree to protect, defend and hold harmless the Irvine Company and the City of Tustin, its elective and appointive boards, officers, agents and employees from all loss, damage and claims resulting from or arising from this facility use.

Signature _____   Date _____

ALL FEES ARE DUE IN FULL 30 DAYS PRIOR TO EVENT

OFFICE USE: ☐ Inter-Gov   ☐ Resident   ☐ Non-Resident   ☐ Resident Non-Profit   ☐ Non-Resident Non-Profit   ☐ Commercial

DEPOSIT & FEES

Refundable Deposit:	
Facility Fees:	
Set Up:	
Audio / Visual:	
Alcohol Permit:	
Attendant:	
Security:	
Administration Fee:	
Insurance:	
TOTAL:	

Processed by:	Date:	
Approved by:	Date:	

PAID AMT	DATE	RECEIPT #	BALANCE DUE

FORMS	✔	NOTES
Copy of Deposit		
Security Deposit		
Alcohol Form		
Insurance		
Floor Plan		
Facility Checklist		
ABC License		

PARKS AND RECREATION | 714-573-3326 | TPRD@TUSTINCA.ORG