



City of Hermosa Beach ~ Community Resources Department
 710 Pier Avenue, Hermosa Beach, CA 90254
 Office Phone: 310.318.0280 After Hours: 310.629.3538

VALLEY PARK RESERVATION

2515 VALLEY DRIVE, HERMOSA BEACH CA 90254

AVAILABLE TO HERMOSA BEACH RESIDENTS ONLY

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Event (to be noted on reservation signs): _____

Day: _____ Date: _____ Time: _____

AREA IN PARK TO BE RESERVED: (Please Circle Your Choice)

Group BBQ #1 Play Area Group BBQ #2 Amphitheater/Bounce House Fire Pit

NUMBER OF PEOPLE EXPECTED: Adults: _____ Children: _____ **LIMIT 25 PEOPLE PER CITY MUNICIPAL CODE 12.28.010**

FEES: \$62 Flat Rate (includes \$20 Application fee and 4 hour rental slot)
 Hermosa Beach non-profit groups are required to provide a verifiable Non-Profit ID number in order to qualify for a fee waiver.
 Bounce House Permit - \$25
 Fire Pit Permit - \$20

ORGANIZATION ASSUMPTION OF RISK AND RELEASE OF LIABILITY: On behalf of our organization we agree to assume all risks for injuries arising out of or resulting from the use of Valley Park and/or personal property located thereon, and further agree to make no claim whatsoever for injuries against the City of Hermosa Beach, it's agents, or employees, arising out of or resulting from the use of any city building, grounds, real property, or personal property located thereon. We shall be personally responsible, on behalf of our organization, for any damage sustained to the city premises, furniture or equipment because of the occupancy of said premises by our organization. We agree to abide by and enforce the rules, regulations and policies of the City of Hermosa Beach. ***I have read and agree to the above mentioned rules and regulations and the Park Reservation Policy.***

Signature: _____ Date: _____

Type of ID Verified: _____ Staff Initials: _____

PAYMENT: (Please Circle Your Choice) Check Cash Visa MasterCard Discover AMEX

Card Number: _____ Expiration Date: _____

Card Security Code: _____ *the last 3 digits of the number on the signature strip located on the back of your card.

Card Holder Signature: _____

STAFF USE ONLY		
Time of Check:	Point of Contact:	Staff Name:
Estimated Number of People:		
Did you observe alcohol at the event?	YES _____ NO _____	*If yes, provide Lead Facility Aide additional detail
Did you observe unpermitted activities?	YES _____ NO _____	*If yes, provide Lead Facility Aide additional detail
Bounce House Correctly Placed:	YES _____ NO _____	N/A _____