



Alameda Recreation and Park Department  
(510) 747-7529 / [arpd@alamedaca.gov](mailto:arpd@alamedaca.gov)

# ALBERT H. DEWITT OFFICERS' CLUB

DAY OF EVENT NUMBER (510) 775-5459  
641 West Redline Ave, Alameda, CA 94501

## FACILITY USE PERMIT FORM

**OFFICE USE ONLY:**

Permit # \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_  
Rec'd by: \_\_\_\_\_

**DAY OF EVENT  
510-775-5459**

Name of Individual or Group \_\_\_\_\_  
Individual in Charge \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Proof of Residency \_\_\_\_\_

EVENT DATE: \_\_\_\_\_  
PURPOSE OF RENTAL: \_\_\_\_\_

**AN ADDITIONAL \$258 NON-REFUNDABLE CLEANING FEE MAY BE CHARGED FOR CRAB FEEDS**

ESTIMATED ATTENDANCE: ADULTS: \_\_\_\_\_ CHILDREN: \_\_\_\_\_ TOTAL: \_\_\_\_\_

ROOM(S) AND TIME REQUESTED:

**You must include your set-up and clean-up time in the total number of rental hours on your permit.**

<input type="checkbox"/> MAIN ROOM	250 max.	Start Time: _____ a.m. / p.m.	End Time: _____ a.m. / p.m.
<input type="checkbox"/> TRIDENT ROOM	120 max.	Start Time: _____ a.m. / p.m.	End Time: _____ a.m. / p.m.
<input type="checkbox"/> TERRACE ROOM	90 max.	Start Time: _____ a.m. / p.m.	End Time: _____ a.m. / p.m.
<input type="checkbox"/> SQUADRON ROOM	30 max.	Start Time: _____ a.m. / p.m.	End Time: _____ a.m. / p.m.
<input type="checkbox"/> GARDEN	180 max.	Start Time: _____ a.m. / p.m.	End Time: _____ a.m. / p.m.
<input type="checkbox"/> KITCHEN USE (Optional – Fee for event kitchen use = \$155.00 per event)			
<input type="checkbox"/> EVENT SET UP OF TABLE AND CHAIRS FOR OVER 150 ATTENDANCE			

CATERING AND VENDORS:

Name of Caterer: \_\_\_\_\_

Certificate of Liability provided: \_\_\_\_\_ Date received: \_\_\_\_\_

Vendors: \_\_\_\_\_

Certificate of Liability provided: \_\_\_\_\_ Date received: \_\_\_\_\_

ALCOHOL WILL BE SOLD/SERVED:  YES  NO

Certificate of Liability obtained from [www.cjprma.org](http://www.cjprma.org): \_\_\_\_\_

*Alcohol shall not be consumed outside of the building, on any public street, sidewalk, or right-of-way*

CHECKLIST DUE DATE: \_\_\_\_\_

**\*\*NO CHANGES WILL BE ACCEPTED TO YOUR PERMIT AFTER THE DUE DATE**

CATERER INSURANCE \_\_\_\_\_ VENDOR INSURANCE \_\_\_\_\_ ALCOHOL LIABILITY INSURANCE \_\_\_\_\_

EVENT SET-UP PLANS \_\_\_\_\_ FEES PAID IN FULL \_\_\_\_\_ DATE \_\_\_\_\_

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HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, the undersigned, representing (if applicable) \_\_\_\_\_  
(Name and Group/Organization)

in consideration of being provided the requested facility by the Alameda Recreation and Park Department, hereinafter called City, shall indemnify, defend and hold harmless the City, its City Council, its boards and commissions, officers, agents, and employees from and against any and all loss, damages, liability, claims, suits, costs and expenses whatsoever, including reasonable attorneys' fees regardless of the merits or outcome of any such claim or suit arising from or in any manner connected to any person or property while in the requested site. Notwithstanding, anything to the contrary contained herein, the above named group/organization agrees to defend, indemnify, and hold the City harmless for any and all damages or liabilities arising out of, or in connection with, using the City's facilities.

Title/Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

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**I understand I will be charged an administrative fee of \$25 per change that I make to my permit.** \_\_\_\_\_ (initial)

**I understand all fees, insurance, and paperwork are due 14 business days before my event and that no changes can be made after the due date:**

- Due Date \_\_\_\_\_
- If not received **14 days** prior to event **half of deposit will be forfeited.** \_\_\_\_\_ (initial)
- If received less than **7 days** prior to event **full deposit will be forfeited.** \_\_\_\_\_ (initial)

Cancelation Policy:

- More than 61 days **\$40 fee** and full refund.
- 60-31 days prior to event will forfeit half of security deposit.
- 30-15 days prior to event, forfeit full deposit.
- 14 days or less forfeit full deposit and any fees paid.
- Deposits/Refunds may take up to 30 days to process. \_\_\_\_\_ (initial)

I have read and understand all the rules and regulations governing the use of this facility, building rules and regulations and hold harmless agreement.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Complete and return this form with payment and proof of residency to:**  
**Alameda Recreation and Park Department**  
**2226 Santa Clara Ave, Alameda, CA 94501**  
**FAX (510) 523-4071 / Email –arpd@alamedaca.gov**