



Cosumnes Community Services District
 Enriching Community • Saving Lives
 www.yourcsd.com

Facility Rental Application

FACILITY REQUESTED

Applications available online or at our two offices:

Wackford Community & Aquatic Complex
 9014 Bruceville Rd, Elk Grove, CA 95758,
 Phone (916) 405-5600; Fax (916) 405-5659

CSD Administration Office
 9355 E. Stockton Blvd. Ste #185, Elk Grove, CA 95624,
 Phone (916) 405-5300; Fax (916) 685-6942

Applications for the following must be submitted to the Wackford Complex:

- Wackford Complex: Valley Oak Ballroom Poppy Room Willow Room Teen Center
 Gymnasium
- Elk Grove Park: Pavilion Strauss Island

Applications for the following must be submitted to the CSD Administration Office or Wackford Complex:*

- Laguna Town Hall: Reception Hall Classroom #1 Classroom #2 Courtyard
- Elk Grove Park: Picnic Site 1A Picnic Site 1B Picnic Site 3A Picnic Site 3B
 Picnic Site 3C Picnic Site 4A Picnic Site 4B Picnic Site 5B
 Picnic Site 5C Picnic Site 6A Picnic Site 7A Picnic Site 7B
 Picnic Site 9A Picnic Site 9B Picnic Site 10 Picnic Site 14B
 Rotary Grove
- Morse Community Park: Covered Picnic: Site A Picnic Site B Picnic Site C

Derr-Okamoto Community Park: Covered Picnic: Site A Picnic Site B Picnic Site C

* Applications for Picnic Rentals may be emailed to csdpicnic@csdparks.com

APPLICANT CONTACT INFORMATION

Name of individual responsible for event: _____
First Last Birthdate (mo/day/yr)

Application on behalf of: Group Individual Organization Business

Name of Group, Individual, Organization or Business

Address: _____
Street City State Zip

Phone: (____) _____ (____) _____ (____) _____
Home Phone Work Phone Cell Phone

Email Address: _____

Alternate Contact Person: _____
First Middle Last

Phone: (____) _____ (____) _____ (____) _____
Home Phone Work Phone Cell Phone

Email Address: _____

RENTAL INFORMATION

Rental Date(s): _____ Day(s) of Week: _____ Guest Arrival Time: _____ am/pm

Time of Rental: _____ am/pm to _____ am/pm
(Park sites must be occupied by noon and vacated one hour after sunset.)

Type of Activity/Event: _____ Attendance: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Will alcohol be served? Yes No
Will food be served? Yes No
Will alcohol be sold? Yes No
Will food be sold? Yes No
Are you requesting non-profit rate? Yes No
Will there be an admission fee? Yes No

Will there be amplified sound? Yes No
Will there be amplified sound outdoors? Yes No

Please specify what type of amplified sound:

Please list any additional equipment you plan to have on site:

Are you using a Caterer? Yes No

Please provide name and contact information of Caterer:

Are you using a Special Event Planner? Yes No

Please provide name and contact information of Special Event Planner:

** These questions apply to picnic/park sites only.*

*Will you be renting porta potties? Yes No

*Will you be renting an inflatable attraction?
(i.e. jump house, slide, etc.) Yes No

How did you hear about our facility? _____

APPLICANT SIGNATURE

Counterparts. This Agreement may be executed in two or more counterparts, each of which will be deemed an original but all of which together will constitute one and the same instrument. This Agreement shall be effective and binding on all parties upon the delivery by both parties of a sign copy to the other party, which may be done by facsimile transmission or portable document format (PDF).

I understand that I will be contacted by a CSD representative within three business days from the date the application is submitted and that my application for the use of the facility is not final until a contract is signed and a payment is made. I attest that all the information provided in this application is true and correct.

Applicant Signature: _____ Date: _____

CSD OFFICE USE ONLY

Date Received: _____ Received By: _____

Approved: _____ Denied: _____ Date: _____ Staff: _____