



CYPRESS RECREATION AND COMMUNITY SERVICES
CYPRESS COMMUNITY CENTER - FACILITY RESERVATION WORKSHEET

(Please print and fill out completely)

Reservation Date: _____

CYPRESS COMMUNITY CENTER:

- Grand Ballroom, Grand Ballroom A/Kitchenside, Grand Ballroom B/Middle, Garden Room/Patioside, Community Room with Kitchen, Community Room without Kitchen, Arts and Crafts Room, Other: _____

Decorating start time: _____ AM/PM Guest arrival time: _____ AM/PM Clean-up crew departure time: _____ AM/PM

REMEMBER: Room fees are based on consecutive hours starting from your Decorating start time to your Clean-up crew departure time. The time you indicated as your Decorating Start Time will be the time you will be allowed to enter the room: NO EXCEPTIONS. One hour of clean up time is required for the Banquet rooms at the Community Center; 1/2 hour is required for the Assembly Room and the Arts & Crafts Room. Everyone must be out of the building by the Clean-up crew departure time.

Your Name: _____ Driver's License #: _____

Address: _____ Street/City/Zip Code

Day Phone: (____) _____ Evening Phone: (____) _____ Cell Phone: (____) _____

ORGANIZATION (if applicable): _____ Phone: (____) _____

Address: _____ Street/City/Zip Code

PURPOSE OF EVENT: _____

Estimated Attendance: _____ Percent of people living in Cypress: _____ %

1. Is facility to be used for raising money? (non-profit only) YES [] NO []

If yes, what will net proceeds be used for? _____

2. Open to the public? YES [] NO []

3. Will alcoholic beverages be served/sold? YES [] NO [] What type? _____

4. Alcohol will be served/sold: From: _____ AM/PM To: _____ AM/PM

REMEMBER: 1) Alcohol can only be served/sold for a maximum of 6 consecutive hours, 2) Alcohol may NOT be served/sold during your decorating or clean up time, 3) You must purchase liability insurance if alcohol is served and/or sold, 4) You may NOT serve or sell alcohol if your event is focusing on a minor, and 5) Alcohol is NOT permitted on any park.

5. Will a catering service be used: YES [] NO []

If yes, name: _____ Phone: (____) _____

6. If alcohol is being sold, what is the caterer's A.B.C. permit number: _____

***** OFFICE USE ONLY *****

FEES:

Table with 2 columns: Fee Type (Room Fee, Extra Hours, Booking Fee, Liability Insurance, Other) and Amount (\$). Includes sub-totals for TOTAL FEES, Sub Total, Security Deposit, and BALANCE DUE.

CASH VISA M/C Check # _____ Receipt # _____