

# FACILITIES RENTAL APPLICATION

Contra Costa Event Park

1201 West 10th Street Antioch, CA 94509

Phone: 925-757-4400 Fax: 925-757-9514

Website: [www.contracostafair.com](http://www.contracostafair.com)



Event Type (circle one): Wedding / Quinceneara / Fundraiser / Crab Feed / Car Show / Festival / Expo / Craft or Hobby Show / Other (please specify): \_\_\_\_\_

Applicant name: \_\_\_\_\_ Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Event Date: \_\_\_\_\_ Facility Requested \_\_\_\_\_

Number of Guests: \_\_\_\_\_ Event Hours: \_\_\_\_\_ Set up Hours \_\_\_\_\_

Equipment Needed: Tables: round or rectangle \_\_\_\_\_ Chairs: black or white \_\_\_\_\_

Additional equipment needed: \_\_\_\_\_

Will additional equipment be brought in: \_\_\_\_\_ (Jumpy/Petting Zoo/etc.)

Admission price (if applicable): \_\_\_\_\_

Will you be serving liquor: Yes \* \_\_\_\_\_ No \_\_\_\_\_

**\*Renter understands alcohol is required to be purchased thru the CC Fair Heritage Foundation**

**\*1 security guard required for every 50 guests if serving or selling alcohol at event**

## List 3 References:

1 \_\_\_\_\_ Phone \_\_\_\_\_

2 \_\_\_\_\_ Phone \_\_\_\_\_

3 \_\_\_\_\_ Phone \_\_\_\_\_

Renter understands that paid deposit is required to secure requested date.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Deposit \_\_\_\_\_

Rental Space (s): \_\_\_\_\_

Cost: \_\_\_\_\_

**Additional Costs:**

Staff : \$300 per attendant X number required \_\_\_\_\_ = \_\_\_\_\_

Utilities : \$100 per space X spaces used \_\_\_\_\_ = \_\_\_\_\_

Insurance: \_\_\_\_\_

Equipment: Tables (Round \$8/Rectangular \$5) X number needed \_\_\_\_\_ = \_\_\_\_\_

Chairs (Black or White \$2 per chair X number needed \_\_\_\_\_ = \_\_\_\_\_

Other equipment:

\_\_\_\_\_

Cost: \_\_\_\_\_

Security (1 guard for every 50 guests with alcohol/1 for every 100 guests without)

Number needed: \_\_\_\_\_ X \$52 per guard per hour = \_\_\_\_\_

**Any additional costs**

Fire Marshal permit Fee: \_\_\_\_\_

Liquor Insurance: \_\_\_\_\_

Early Set Up: \_\_\_\_\_

**Total estimated costs for contract:** \_\_\_\_\_