ST. ISIDORE HISTORICAL PLAZA
EVENT APPLICATION-WEDDING
10961 Reagan Street
Los Alamitos, CA 90720
562-596-9918

Date of Application_____

Name_____

Address_____

(Street) City Zip

Telephone Numbers: (Day)_____ (Night)_____ (Emergency)_____

Requested Wedding Date _____ Requested Wedding Time _____

Projected Attendance: _____ Are you providing Music Yes____ No_____ Type of music DJ, Band etc. _____ **Initial** _____

Chapel Package (includes Hall, Patio and Warming Kitchen, Rehearsal within 3 days prior to wedding) Initial _____

Chapel Only (2 hour minimum) Initial _____

Wedding Reception Only (Patio, Hall & Warming Kitchen) Preparation/Clean Up Hours (Reception only) **Initial** _____ Kitchen Use ___ **Initial** _____

Facility Rules and Regulations and Pricing separated forms. Must be signed, initialed and submitted with application and deposit. Initial _____

Alcoholic Beverages Served? Yes ___ No ___ If Yes then security required **Initial** _____

Alcoholic Beverages Sold? Yes____ No ___ ABC Permit #_____ **Initial** _____

Number of Security persons Required-See Facility Rules and Regulations Form _____ **Initial** _____

Amount of Deposit _____ Total Rental Amount _____ **Initial** _____

I the undersigned, on behalf of the above named person, do hereby agree to indemnity and hold harmless St. Isidore Historical Plaza, and any of their officers, agents or volunteers from any liability or claim or action for damages resulting from or in any way arising out of the use of the facility or equipment and will agree to abide and enforce the Rules, Regulations and Policies governing the Facility as set forth by St. Isidore Historical Plaza in the City of Los Alamitos. I HAVE READ THE ATTACHED CONTRACT.

Signed (person making reservation) _____Date_____

FOR OFFICE USE ONLY
APPLICANT PLEASE NOTE: your application has been approved____ /disapproved____ .

Reason for disapproval_____

CHAPEL PACKAGE _____ **CHAPEL ONLY** _____ **WEDDING RECEPTION ONLY**_____

Preparation/Clean Up Hours_____

Deposit is due at the signing of the contract **i**n order to confirm this contract- Amount of deposit required. $500
Total of remaining Rental fees are sixty (60) days prior to event or this agreement may be subject to cancellation.

Total Rental Fees Dues $_____ **(Due** sixty (60) days prior to wedding**)**

# of security officers require_____not required_____ Liability Insurance is required____not required_____

Certificate of Insurance; written proof of Security Services; ABC # (if applicable) are (8) weeks prior to Event_____

Signed_____Date_____

08/2015