



DEPARTMENT OF PARKS & RECREATION
 JANE PIKE, DIRECTOR
 2601 SUNSET RD. LAS VEGAS, NV 89120-3515

DESERT BREEZE COMMUNITY CENTER
 8275 SPRING MOUNTAIN, LAS VEGAS, NV 89117 (702) 455-8335 FAX (702) 367-1918
FACILITY REQUEST FORM

FACILITY USER INFORMATION

YOUR NAME:	GROUP NAME:	TODAY'S DATE:
STREET ADDRESS:		CITY/STATE/ZIP:

RENTAL INFORMATION (ONCE RESERVATION HAS BEEN APPROVED, IT WILL NOT BE ADJUSTED)

DATE OF RENTAL:	TIME (INCLUDING SET UP AND CLEAN UP):	ROOM REQUESTED:
PHONE NUMBER #1	PHONE NUMBER #2	WILL FOOD BE SERVED?
PLEASE DESCRIBE ACTIVITY:		MAXIMUM ATTENDANCE:

SPECIAL INFO: Numbers needed: Chairs _____ Rectangular Tables _____

PLEASE CHECK BOX IF ANY OF THE FOLLOWING APPLY: CHARGING ADMISSION CONCESSIONS

OTHER EQUIPMENT NEEDED _____

PLEASE NOTE: By signing below applicant fully understands that filling out this request form in no way guarantees reservation of a facility at Desert Breeze Community Center. Applicant will be notified of availability as soon as possible within the six-week session that the rental request takes place. After the request has been approved, It is the applicant's responsibility to make payment in full to officially reserve the facility. Setup and clean up are the responsibility of the Renter. Total rental time must include all set up and clean up time that will be required. Additional fees will be assessed if rooms are not cleaned, organized and returned to their proper order. Any costs incurred by Clark County staff will be billed to Renter.

Refund Policy: Check refunds may take 4 to 6 weeks to process. Refunds will be issued if canceled:
 30 days or more prior to the first day of use -100%, 14 days prior to the first day of use - 75%, Less than 14 days prior to the first day of use - 50%, No Refunds after the reservation date for no-show.

Applicant's Signature _____

FOR OFFICE USE ONLY

SERVICE CHARGES (COMPLETE PAYMENT DUE UPON REQUEST APPROVAL TO RESERVE DATE/S)

STANDARD ROOM CHARGE - ROOM#	
ADDITIONAL HOURS = # HOURS _____ X HOURLY CHARGE _____	
STANDARD ROOM CHARGE - ROOM#	
ADDITIONAL HOURS = # HOURS _____ X HOURLY CHARGE _____	
STANDARD ROOM CHARGE - ROOM#	
ADDITIONAL HOURS = # HOURS _____ X HOURLY CHARGE _____	
ADDITIONAL STAFFING = # STAFF _____ X HOURS _____ X HOURLY CHARGE _____	
TOTAL COST OF EVENT	

STAFF TAKING REQUEST _____ DATE _____
 STAFF APPROVING REQUEST _____ DATE _____