



FACILITY RENTAL REQUEST FORM

Please complete this application to submit your request to rent a facility at the Albert Robles Center (ARC) located in the City of Pico Rivera. Submission of this application does not guarantee the facility. Please submit a completed form to Jackie Ramirez at jramirez@wrd.org or submit an application via the online form [here](#).

<u>CONTACT INFORMATION</u>	
NAME OF ORGANIZATION/PUMPER:	ARE YOU A PUMPER IN THE WRD SERVICE AREA? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE:	
CONTACT NAME:	TITLE:
PHONE NUMBER:	ALTERNATE PHONE NUMBER:
EMAIL:	

ADDRESS	CITY, STATE, ZIP:
---------	-------------------

<u>EVENT INFORMATION</u>	<i>TIME OF EVENT (EXCLUDE SET UP TIME)</i>
EVENT DAY(S)/DATE(S) REQUESTED <i>(MON-WED UNAVAILABLE):</i>	START TIME: ____:____ AM/PM
_____	END TIME: ____:____ AM/PM

<u>FACILITY REQUESTED</u>
<input type="checkbox"/> ARC Full Multipurpose Room (Capacity: 108-240) <input type="checkbox"/> ARC 1/3 Multipurpose Room (Capacity: 36-80) <input type="checkbox"/> ARC 2/3 Multipurpose Room (Capacity: 72-160) <input type="checkbox"/> Conference Room (Capacity: 14)

<u>IN A FEW WORDS, DESCRIBE THE EVENT:</u>

<u>ADDITIONAL DETAILS</u>		
1. Will you be using one of our preferred catering vendors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If no, liability insurance required)
2. Will you need to display a presentation? (ex: powerpoint) (If yes, computers/laptops are not available, please bring your own laptop/device, we have audio and visual equipment available)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SIGNATURE _____ DATE _____