



CITY OF RANCHO CUCAMONGA EPICENTER RENTAL APPLICATION



Applicant: _____
(Name of Company, Corporation, Organization or Individual)

Contact Person: _____ Email: _____

Address: _____

Person signing Permit: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Event Name or Title: _____

Desired Dates: _____

Move-In Date(s) & Time: _____ Move-Out Date(s) & Time: _____

Space(s) expected to be utilized for your event: Stadium Sport Field
 Expanded Parking Lot Other _____

Type of Event: Concert Sporting Event Trade Show/Exhibit Commercial
 Movie Shoot TV Taping Live T.V. Broadcast Other _____

Will you be charging admission to your event? Yes No

Please describe ALL activities you have planned to take place during your event and ANY items that will be sold or on display:

The following information must be completed in order for this application to be considered and properly processed. It is understood that the information requested will remain confidential.

Bank Reference

Bank: _____ Branch: _____ Acct. #: _____

Address: _____ Phone #: (_____) _____

Facility Reference

Events you have promoted in the past:

Name of Show: _____ Venue: _____

Date(s): _____ Contact Person: _____

Phone Number (_____) _____ Address: _____

Name of Show: _____ Venue: _____

Date(s): _____ Contact Person: _____

Phone Number (_____) _____ Address: _____

List the advertising Budget you anticipate for this Event:

Radio \$ _____ T.V. \$ _____ Newspaper \$ _____ Magazine \$ _____

It is understood that this document is an Application for space and dates ONLY and *Does Not Bind Either Party*. No dates will be tentatively held until this Application is approved by the City of Rancho Cucamonga.

The City of Rancho Cucamonga and the Applicant AGREE that no announcement of dates and no publicity regarding the event applied for will be made public until a formal contractual agreement has been fully executed by both parties. The facility shall be identified as the "**Rancho Cucamonga Epicenter**" and/or "**Epicenter Special Events Area**" in all publicity and promotional materials. A location credit may also be required.

Name: _____

(Please Type or Print)

Signature: _____ Date: _____

Please return completed application to:

Jennifer Camacho,
Community Services Coordinator
City of Rancho Cucamonga
P.O. Box 807
Rancho Cucamonga, CA 91729

Email: jennifer.camacho@cityofrc.us Ph:(909) 477-2760 x 2214 Fax: (909) 477-2761