



Pleasanton Senior Center
Activity Space Use Agreement

5353 Sunol Boulevard, Pleasanton, CA 94566 – Phone (925) 931-5365

Space/Room

Main Hall (total space) ___ Main Hall - West Side Only X Main Hall - East Side Only X
Meeting Room ___ Classroom ___ Arts/Crafts Room X
Kitchen ___ Adult Day Room ___ Card Room ___
Conference Room ___ Other _____

Applicant Agency

Chabot-Las Positas Community College District

Contact Name and Title

Lorenzo Legaspi,
Vice Chancellor of Business Services

Address

3000 Campus Hill Drive

City

Livermore, CA 94551-9797

Phone

(925) 424-1275

Email: _____

Type of Activity

Provide older adult classes as part of the Las Positas Quest Program

Dates of Use (Inclusive)

From Month July Day 1 Year 2009 to Month June Day 30 Year 2010

Day of Use

Weekly: Monday X Tuesday X Wednesday X Thursday X Friday X

Monthly: First Week Second Week Third Week Fourth Week
On: Monday Tuesday Wednesday Thursday Friday

Quarterly: Month Day of Week Date (s)

Time of Use

(Please see attached schedule.)

Will there be a fee collected? Yes X No

If yes, please explain the purpose of the fee.
administrative costs.

Fees collected by Las Positas Quest Program to cover their

Hold Harmless

I certify that the above information is accurate. I certify that I have read the Rules and Regulations pertaining to facility use and agree to comply with the Rules and Regulations (Attachment A). I further agree to be personally responsible for informing those using the facility as scheduled in the application of the rules and regulations of the City. I, or organization, through me, agrees to be responsible for any damage sustained by the facility, equipment, or furniture during use of the facility and further agree to release and hold harmless the City of Pleasanton from any and all liability for damage or injury to person or property of the undersigned due to use of said facility. Evidence of this Hold Harmless Agreement shall be provided through a Certificate of Liability Insurance from any insurance carrier or, if available, through special facilities insurance purchased through the City of Pleasanton.

Signature of Representative

Organization

Date

For Office Use Only

Date

Authorized Signature

Insurance Certificate Attached

Insurance Carrier Date