

**CITY OF MORENO VALLEY
PARKS AND COMMUNITY SERVICES DEPARTMENT
MOBILE STAGE UNIT RENTAL CONTRACT**

SET UP

TAKE DOWN

Date _____, 2019

Date _____, 2019

Desired Ready Time: _____ AM PM

Appl. Finished By: _____ AM PM

LOCATION

Please give exact location for placement:

Location Name/Address: _____

Cross Street(s): _____

Site Contact: _____ Phone: _____

PROGRAM INFORMATION

Nature of Event:

Organization Name: _____ Contact Person: _____

Mailing Address: _____ City _____ Zip _____

Telephone: Home _____ Work _____ Message _____

MOBILE STAGE UNIT INFORMATION

Stage Size Requested (Check One)

Stage Only _____

Stage and
Platforms _____

Sound System
(extra charge) _____

PLEASE NOTE: Due to the overall height, length and weight of the Mobile Stage Unit, careful consideration must be given to the access route and location. The words "City of Moreno Valley" that appear on the stage must be visible at all times. Organizations who cover up this wording while it is in their possession will forfeit any waived fees and be charged the full price for use of the stage. SECURITY GUARD REQUIRED FOR OVERNIGHT USAGE.

Signed _____ Date _____

THIS FORM VOID UNTIL PROPERLY FILLED OUT BELOW AND SIGNED BY AUTHORIZED DEPARTMENT PERSONNEL

FEE CALCULATION

User category _____ Certificate of Insurance for \$1,000,000, naming the City of Moreno Valley, the Moreno Valley Community Services District, and the Moreno Valley Housing Authority as additional insureds.

Number of Rental Days _____ Location map (Due 2 weeks prior to event)

Rental Fees \$ _____

Labor Fees \$ _____

Sound System \$ _____

Subtotal \$ _____
(Due 2 weeks prior to event)

Payment Received:
Receipt No.: _____ Warrant No. _____

Refundable Deposit(s) \$ _____
(Due 6 weeks prior to event)

Deposit Received:
Receipt No.: _____ Warrant No. _____

TOTAL DUE AND PAYABLE** \$ _____

Deposit Returned: _____
Warrant No.: _____
Amount Returned: _____

****Any outstanding fees not paid prior to two weeks of the event will only be accepted in one of the following forms: Cashier's Check, Money Order, Cash.**

Staff Signature _____

Approved _____ Disapproved _____ Reason if disapproved _____

Parks Maintenance Division Manager

Date

Parks and Community Services Director

Date

MAKE CHECKS PAYABLE TO:
"CITY OF MORENO VALLEY"

RETURN TO:
CITY OF MORENO VALLEY
PARKS MAINTENANCE DIVISION
PO BOX 88005
MORENO VALLEY, CA 92552-0805