



RESERVATIONS APPLICATION

GOLDEN RAIN FOUNDATION • ROSSMOOR WALNUT CREEK

Fill out the reservation form, print it, sign it and email it to roomreservations@rossmoor.com or bring it to Administration Building, Gateway Clubhouse (1001 Golden Rain Road).

APPLICANT CONTACT INFORMATION		
Authorized Agent for Reservation/Event:		
	FIRST	LAST
Application on behalf of:		
NAME OF CLUB, RWC APPROVED ORGANIZATION, OR MUTUAL IF APPLICABLE (LESSEE)		
Address:		
STREET		
Phone:	() () ()	() () ()
	HOME PHONE	WORK PHONE CELL PHONE
Email Address:		

PLEASE ANSWER THE FOLLOWING QUESTIONS			
Will alcohol be present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this event be attended by non-residents? If yes, what is the estimated number of non-residents attending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will alcohol be sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No		# Non-Res: _____
Will food be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will food be sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you using a caterer? If yes, please provide name/number:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" to any of the following questions, please provide details in the RENTAL INFORMATION section below:	
		Is this a ticketed event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Will this event be open to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Will you require the use of AV equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Will you need more than (1) microphone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you using an event planner? If yes, please provide name/number:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you require the use of a tech standby operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Will you be requesting the waiver of the "AV Equipment Fee" upon successful training of the "Plug +Play training?" (Clubs only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Will you be bringing in any rental equipment to support your event?	<input type="checkbox"/> Yes <input type="checkbox"/> No

RESERVATION INFORMATION			
Reservation Date(s):	Day(s) of Week:	Estimated Attendance:	
*Recurring Reservation Dates: <i>ex. third Thursday of the month</i>		Club Locker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Location: _____	
Reservation Hours Including Set-Up and Clean-Up:	AM PM to AM PM	Guest Arrival Time:	AM PM
		Guest Departure Time:	AM PM
Please describe the type of activity or event, and include details about: Activity/Event Name: _____			

*Recurring dates are available for Clubs/RWC Approved Organizations bookings only.

FACILITY REQUESTED			
Creekside Clubhouse	Dollar Clubhouse	Hillside Clubhouse	Gateway Clubhouse
1010 Stanley Dollar Drive	1015 Stanley Dollar Drive	3400 Golden Rain Road	1001 Golden Rain Road
Capacity Conference/Card Table Setup	Capacity Fixed	Capacity Assembly/Dining	Capacity Assembly/Dining
<input type="checkbox"/> Bunker (16/24)	<input type="checkbox"/> Eisenhower* (15)	<input type="checkbox"/> Pine* (14/14)	<input type="checkbox"/> MP #1 (24/24)
<input type="checkbox"/> Mulligan (16/24)	<input type="checkbox"/> Card Room #1 (20)	<input type="checkbox"/> Vista (65/48)	<input type="checkbox"/> MP #2 (24/24)
Capacity Assembly/Dining	<input type="checkbox"/> Card Room #2 (20)	<input type="checkbox"/> Las Trampas** (90)	<input type="checkbox"/> MP #1 & #2 (48/48)
<input type="checkbox"/> Fairway (80/64)	<input type="checkbox"/> Card Room #1 & #2 (40)	<input type="checkbox"/> Diablo (165/136)	<input type="checkbox"/> MP #3 (48/48)
<input type="checkbox"/> Club (100/88)	<input type="checkbox"/> Card Room #3 (9)	<input type="checkbox"/> Vista Kitchen	<input type="checkbox"/> Redwood (59)
<input type="checkbox"/> Kitchenette	<input type="checkbox"/> Chess Room (20)	Outdoor Picnic Sites	<input type="checkbox"/> Fireside (250/200)
Event Center	<input type="checkbox"/> Garden Room (20)	<input type="checkbox"/> Sportsmen's Park (150)	<input type="checkbox"/> Fireside Kitchen
1021 Stanley Dollar Drive	Capacity Assembly/Dining	<input type="checkbox"/> Shady Glen Site #1 (25)	<input type="checkbox"/> Peacock Hall (155)
Capacity Assembly/Dining	<input type="checkbox"/> Main Area & Patio (66/48)	<input type="checkbox"/> Shady Glen Site #2 (25)	<input type="checkbox"/> Peacock Plaza (140)
<input type="checkbox"/> Donner (100/80)	Outdoor Picnic Sites	<input type="checkbox"/> Shady Glen Site #3 (25)	<input type="checkbox"/> Oak Room** (144)
<input type="checkbox"/> Tahoe (500/350)	<input type="checkbox"/> Dollar Park Picnic Site #1 (36)	<input type="checkbox"/> Shady Glen Site #4 (25)	
<input type="checkbox"/> Entire Facility (600/350)	<input type="checkbox"/> Dollar Park Picnic Site #2 (36)	<input type="checkbox"/> Shady Glen Site #5 (25)	
<input type="checkbox"/> Event Center Kitchen	<input type="checkbox"/> Dollar Park Picnic Site #3 (48)		
	<input type="checkbox"/> Dollar Park Picnic Site #4 (52)		

**Available for club use/booking only
 * Not Available for recurring bookings.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT FOR RWC OWNED FACILITIES

By signing below, the LESSEE acknowledges the agreement that the Golden Rain Foundation of Walnut Creek DBA Rossmoor Walnut Creek (RWC) and its Directors, Officers, employees and agents, and the Golden Rain Foundation of Walnut Creek Trust (RWC) (the "Indemnified Parties") shall not be liable to the LESSEE for any personal injury, or loss or damage to property, whatsoever, and that this waiver and release is intended to be a complete release of any and all liability to the LESSEE and its heirs whether or not injury or damage occurs. **The LESSEE agrees to indemnify and hold the Indemnified Parties harmless from any/all claims or liabilities whatsoever.**

Date: _____ Signature: _____ For: _____

LESSEE further certifies that the LESSEE shall accept responsibility for any damage or theft sustained by the Golden Rain Foundation of Walnut Creek (RWC) (premises, furniture, or equipment) because of the occupancy and use of said premises by applicant or applicant's organization.

Date: _____ Signature: _____ For: _____

LESSEE has read and understands the rules and regulations as stated in the **Reservations Conditions & Guidelines** document and agrees to abide by these policies and procedures. Failure to adhere to these conditions will result in the forfeiture of a portion, or all, of the security, cleaning, and damage deposit. LESSEE agrees to pay the Facility Use Fees, if any, as set forth in the Facility Use Fee Schedule. Applicant understands that these fees are generally adjusted annually and are not guaranteed.

Date: _____ Signature: _____ For: _____

OFFICE USE ONLY

Date Received:		History: <input type="checkbox"/> Yes <input type="checkbox"/> No		Received By:	
Approved:	Denied:	Date:		Staff Signature:	
Payment Method:		Contract#:		Rental Completion and Deposit Refund Date:	
Alcohol License Required: <input type="checkbox"/> Yes <input type="checkbox"/> No				Staff Liaison:	
Notes:					