



中美国际学校  
CHINESE  
AMERICAN  
INTERNATIONAL  
SCHOOL

# Rental Application

3250 19th Ave San Francisco CA 94132

415-865-6010 (rental inquiries)

415-865-6000 (front desk)

## APPLICANT INFORMATION

Name of Nonprofit Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone #  
( )

Address: \_\_\_\_\_

Alternate Phone #  
( )

City/State/ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

## AREA REQUESTED

- ☐ Gym: \$190/hour, 2 hour minimum  
☐ Theater: \$450/hour, 2 hour minimum (additional Staff fees TBD)  
☐ Art Studio: \$75/hour, 2 hour minimum  
☐ Ceramics Studio: \$75/hour, 2 hour minimum (additional firing fee TBD)  
☐ Dance Studio: \$75/hour, 2 hour minimum

## ALCOHOL / BOUNCE HOUSE / INFLATABLES

Will alcohol be served? ☐ Yes ☐ No

Bounce house/Inflatables? ☐ Yes ☐ No  
(if yes, please see attached packet)

\_\_\_\_\_  
Bounce House/Inflatable Company

## EVENT INFORMATION

### DAY/TIME

Date(s) Requested: \_\_\_\_\_

Day(s) of Week: Su M Tu W Th F Sa

Event Hours: (includes set-up & clean-up time)

Start Time: \_\_\_\_\_ a.m./p.m. End Time: \_\_\_\_\_ a.m./p.m.

### EVENT TYPE

- ☐ Sporting  
☐ Fair/festival  
☐ Theater art

ESTIMATED ATTENDANCE: \_\_\_\_\_

EVENT DESCRIPTION: \_\_\_\_\_

**AGREEMENT FOR USE** Applicant hereby agrees to hold the Chinese American International School, the individual members of CAIS, agents and employees free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of said facility. I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damages sustained to the turf, lights, nets, tables, or equipment or damages sustained to the above shall be compensated within seven days. I realize that the reservation is granted with the understanding that CAIS Auxiliary staff may cancel when the facility is needed for its own program. It is my responsibility to notify CAIS staff of any cancellation on my part. I understand and agree to abide by all CAIS rules as outlined in the CAIS Revocable Usage Agreement. *Submission of this form is not a guarantee for use.*



**CAIS**  
FIREDRAGONS

Applicant (print name): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Date Rec'd: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time Rec'd: \_\_\_\_\_ a.m./p.m.

Payment Type (circle) Cash Check MC Visa

Proof of Non-Profit status Rec'd: ☐ Yes ☐ No

Rec'd by: \_\_\_\_\_

### FEES

Facility Use Fee \$ \_\_\_\_\_

Alcohol Insurance \$ \_\_\_\_\_

Inflatables \$ \_\_\_\_\_

PLACED ON EVENTS CALENDAR ☐ Yes ☐ No

TOTAL CHARGES \$ \_\_\_\_\_

**PAYMENT IS DUE WITH APPLICATION AND WILL BE PROCESSED IMMEDIATELY UPON APPROVAL**