

Indoor Facility Use Request Form Kelsey Creek Farm (KCF)

410 130th PI SE, 98005

KelseyCreekFarm@bellevuewa.gov

425-452-7688

Contact Information				
Organization:	Today's Date:*			
Organization Email Address:(Must	be different than personal email)			
The email provided will be attached to your organization's account a	and sent an invoice to pay online.			
Address:	Non-Profit ID:			
City:	Zip Code:			
Primary Contact Name:				
Personal Email Address:	Cell Phone:			
Address:	Work Phone:			
City:State:	Zip Code:			
Alternate Contact Name:				
Email Address:	Cell Phone:			
Rental Information				
Event Name:				
Name of Facility:	Room(s):			
Event Date(s) (Attach a separate sheet if needed):				
Requested Rental Time(s) (Include set-up, take-down, and clean-up):to			
Event Time(s) (Guest arrival and departure, or hours event is open to p	oublic): to			
Estimated Attendance: Adults:Youth:	Total:			
The maximum capacity for the Kelsey Creek Education Barn Farm Room and Kelsey Creek Farm House Main Room are both 30 people. Additional classrooms can be added to the Farm House Main Room.				
Type of Use				
Private includes a planned guest list limited to a set number of people who RSVP in advance. Public is invited through word-of-mouth, flyers, or media advertising, and the number of attendees may vary.				
How will the space be used? (mark all that apply)				
Meeting Class/Lesson Wedding Party Celebration of Life Other				
*If other, please specify:				



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Agreements

The undersigned hereby makes an application to City of Bellevue for use of the Parks & Community Services facility described above and certifies that the information given in the application materials is correct. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe the rules, regulations, policies and procedures of the City of Bellevue and Parks & Community Services Department. The applicant assumes responsibility for the conduct of their guests and/or contractors associated with or attending the event. The applicant agrees to exercise the utmost care in the use of the premises and property and to hold the City of Bellevue harmless from all liability resulting from the use of said facilities. The applicant further agrees to reimburse the City of Bellevue for any damage arising from the applicant's use of said facilities. The applicant signing this agreement will be considered the responsible party in case of damage, theft, or disturbances during the rental period.

I have read, understood, and agree to comply with all procedures in the City of Bellevue's Facility Rental Guidelines and the Supplemental Form documents for the facility I am requesting to use. I further certify that I am 21 years of age or older.

Signature: Primary Contact:	[Date : _
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Facility Rental Contact Information

In addition to this form, complete and submit: the Facility Supplemental Form, Credit Card Authorization Form, and Indoor Facility Special Use Form (if applicable).

Mailing Address:

Kelsey Creek Farm PO Box 90012 Bellevue, WA 98009-9012



For alternate formats, interpreters, or reasonable modification requests please phone at least 48 hours in advance 425-452-7688 (voice) or email KelseyCreekFarm@bellevuewa.gov. For complaints regarding modifications, contact the City of Bellevue ADA, Title VI, and Equal Opportunity Officer at ADATitleVI@bellevuewa.gov.



Supplemental Form Kelsey Creek Farm (KCF)

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Event Details				
Will food be served?				
Food Vendor/Caterer Dropped Off or Food Vendor/Caterer stays at facility during event*				
Are you aware that alcohol is prohibited at Kelsey Creek Farm Park?				
Will there be music? No Yes If yes, who is providing? Bringing it ourselves or				
Hiring a DJ* or Live (which instruments)				
Will there be other entertainment or games? Examples: face painter, magician, animal show				
☐ No ☐ Yes If yes, please describe the entertainment or games that will be provided:				
Who is providing the entertainment? Bringing it ourselves or Hiring a company*				
Will there be additional equipment brought in? Examples: stages, backdrops, decorations				
☐ No ☐ Yes If yes, please describe the equipment that will be brought in:				
Who is providing the equipment? Bringing it ourselves or Hiring a company*				
*Special Uses: A permit is required in advance if hiring a company to provide any on-site				
services or equipment for the reservation. An <u>Indoor Facility Special Use Form</u> must be				
submitted <u>no less than 30 days prior</u> to the reservation date to be considered for approval.				
Will admissions be collected?				
Will concessions be sold? No Yes If yes, what is being sold:				



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Equipment

Renters are responsible for the care, condition, and cleaning of any equipment being used. The facility has an inventoried set of tables and chairs available for use. Table coverings are required, and not provided by the City. It is the responsibility of the renter to set up and move the tables and chairs for the purpose of their event. Please return all furniture and equipment to their original locations before leaving the facility.

Room Equipment Needed:	(mark all that apply)	
Child Chairs (20 Av	ailable)	6 ft. Rectangular Tables (5 Available)
Adult Chairs (20 Av	vailable)	
Kitchenette Equipment Ne	eeded: (mark all that	apply)
Refrigerator	Microv	wave
Rules & Regulations Spec	ific to this Facility (i	nitial each)
Hours : Rentals must	end no later than 10	p.m. and premise must be vacated no later tha
10:15 p.m.		
Sound: Music must n	ot be heard outside a	and must cease by 10 p.m.
Trash: Empty trash ca	ans and recycling bins	s into dumpsters located in parking lot.
Dogs : Dogs are allowe and never left unattended.	ed in the park, but no	ot in the Barnyard Area. All pets must be leashe
When visiting the baat one time. Do not feed the	•	e Barnyard Area, your group must not exceed 1 d fowl in the park.
Facility Rental Information Guidelines" document.	mation: I have read a	and understand the "Facility Rental



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Credit Card Authorization Form

parks.bellevuewa.gov/rentals/

Section 1.				
Cardholder Name:				
Organization Name (if applicable):				
Cardholder Phone Number:				
Cardholder Email:				
Email Me an Invoice to Pay Online	Leave Card on File (Complete Section 2	2 and sign the form)	
Call Me to Pay Over the Phone				
Section 2.				
Is this authorization for a $\ \ \ \ \ \ \ \ \ \ \ \ \ $	ntal or 🗌 Ongoing	g Use?		
If Single Rental only, this form will be kep passed, the card number will be redacted		cation. After the res	servation date has	
If Ongoing Use, is the City of Bellevue authorized to keep this form on file in a secured location and/or the credit/debit card number on CivicRec to process rental payments on a regular schedule?				
Yes No If Yes, you will be contact	ed to discuss the opti	ons (including amo	ount, and opting out).	
Do you authorize anyone else in your or Yes No If Yes, please provide their contact inform requested by them without your written	nation and the maxim			
<u>Name</u>	<u>Phone Number</u>	Amount Approved		
VISA or MasterCard Number:		Exp. Date:	CVV #:	
Billing Address:				
City:		Zip:		
Amount Approved:	Amount Due per	Payment Plan/Sche	edule	
Not to Exceed <u>\$</u>	without	written authorization	on.	
I understand it is my responsibility to update expiration date changes. This authorization remain in effect until rescinded by me or the	is effective on the dat			
Printed Name		Date		
Cardholder Signature		Daytime Phone Number		



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