



**City of Torrance, Community Services Department
PLUNGE USAGE APPLICATION**

Application for Use of Victor E. Benstead Plunge

PLEASE COMPLETE AND RETURN ALL COPIES TO:

City of Torrance
Community Services Department/Facility Booking Office
3031 Torrance Boulevard, Torrance, CA 90503
(310) 618-5982 • Fax (310) 781-7598

NOTE TO APPLICANT: Please type or print firmly using a ball point pen. Any person applying for the use of City property on behalf of any society, group or organization must present satisfactory credentials or proof of authorization to the Community Services Department representative in charge of permits, prior to the filing of such applications.

Date of Application: _____

1. Name of Representative: _____ Title: _____
Home Phone: _____ Work Phone: _____
Address: _____ City: _____ Zip Code: _____
2. Name of Organization: _____ Wk. Phone: _____
Address: _____ City: _____ Zip Code: _____
3. Type of Organization: Private Commercial Non-Profit 501(c)3 # _____

Please Note:
**NO ALCOHOLIC BEVERAGES OF ANY TYPE ARE ALLOWED
AT ANY OF THE CITY PARKS OR PARK FACILITIES PER MUNICIPAL CODE 49.2.6**

4. Date Requested: _____ Day of Week: _____ OR Continuous Dates From: _____ to: _____ inclusive.
5. Time Requested: _____ A.M./P.M. to: _____ A.M. Total Number of Hours: _____
6. Type of Activity: _____
7. Estimated Attendance: _____
8. GROUP IS RESPONSIBLE FOR SET-UP AND CLEAN-UP; failure to do so may result in PARTIAL/FULL loss of security deposit. *Please initial here:* _____
9. Group is responsible for observing all facility Rules and Regulations and for maintaining an acceptable standard of behavior; failure to do so may result in partial/full loss of security deposit.
10. Signature of Person Requesting Reservation: _____

FOR OFFICE USE ONLY

FEES		OTHER	
Pool		Date Paid:	_____
____ Hrs. @ _____	\$ _____	_____	_____
Refundable Deposit	\$ <u>250.00</u>	Check #	_____
Lifeguard Fee		_____	_____
____ Hrs. @ _____	\$ _____	Receipt #	_____
Total Fee	\$ _____	_____	_____
			Refund Process Started
			Date: _____
			<input type="checkbox"/> Refund Denied: See attached

The above application IS IS NOT granted per the Community Services Director.

By: _____ Date _____