Facility Use Application

Organization/Individual Name:	
Representative:	Tract/Lot:
Address:	Phone:
Email Address:	Cell Phone:
Date(s) of Gathering:	
Time:Location Requ	uested:
Percentage of PMCPOA Residents/Members involved	l in organization and/or event:
Detailed Information Regarding Facility Use:	
Please Read and Sign: Pursuant to the regulations of the Kern Co on the Greens or other licensed, bonded and insured caterers may prepared outside of this category must have express written appr Supervisor, and the General Manager. PMCPOA is not liable for kitchen. Food may be brought into the Condor Room or Pool Par Pavilion may only be stored in the kitchen in the room reserved to Beverages must be obtained by the Recreation Supervisor/Chief	y be brought into the PMCPOA Clubhouse. Any food oval from the Food/Beverage Manager, the Recreation any food consumed which has been prepared outside of our wilion ONLY. Food brought into the Condor Room or Pool for the event. Prior approval of the use of Alcoholic
I have read and understand the above requirements, ar	nd do agree to maintain compliance: Yes/No
Please Print Name	Please Sign Name
Approved PMC Organization YES/NO	e Only Date:
Approved by Recreation Supervisor Initial Approved by Food/Reverage M	Approved by General ManagerInitial Ianager(When Applicable)
Revised 8/1/2014	Initial