CITY OF CERRITOS – RECREATION SERVICES DIVISION
COMMUNITY ORGANIZATION APPLICATION

Please complete this application form and submit the following information, together with your application:

_____ **CURRENT ORGANIZATION MEMBERSHIP ROSTER** – Roster must include **ALL** members of your organization, with complete addresses and phone numbers of each member.

_____ **CURRENT ORGANIZATION BYLAWS**

_____ **WRITTEN PROOF OF VALID REGISTRATION AS A NON-PROFIT ORGANIZATION FROM THE STATE OF CALIFORNIA AND THE IRS**

_____ **CERTIFICATE OF INSURANCE AND ENDORSEMENT** – Groups that wish to utilize City fields or facilities for play or practice, i.e., sports groups, dance groups, etc., must provide an original certificate of insurance in the amount of $1 million, naming the City of Cerritos as "Certificate Holder" and the "City of Cerritos, its officers, employees, agents and volunteers as additional insured."

RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:
Community Organization Application, Attention: Recreation Services Division, P.O. Box 3130, Cerritos, CA 90703

GROUP NAME: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

WEBSITE: _____ EMAIL: _____

Total Number of Members: _____ Total Number of Members who are Cerritos Residents: _____

Objectives of Organization: _____

EXECUTIVE BOARD (Adapt positions for your organization)

President _____
Address _____
City _____ Zip _____
Home Phone _____
Mobile Phone _____
Email _____

Secretary _____
Address _____
City _____ Zip _____
Home Phone _____
Mobile Phone _____
Email _____

Vice President _____
Address _____
City _____ Zip _____
Home Phone _____
Mobile Phone _____
Email _____

Treasurer _____
Address _____
City _____ Zip _____
Home Phone _____
Mobile Phone _____
Email _____

What facilities do you need? (Check all that apply)

TYPE _____Meeting Rooms _____Banquet Facilities _____Picnic Facilities _____Athletic Fields

USE _____Monthly Meetings _____Annual Event _____Special Event _____Practices/Games/ Tournaments

Is your organization or your members affiliated with any other Cerritos Community Organization(s)? **Y** **N**
If yes, please list: _____

I herby acknowledge that all of the information provided on this application, on the attached membership roster, and the contents of this organization's bylaws are complete and accurate. I acknowledge that submittal of inaccurate or incomplete information may result in denial of this application. Additionally, this organization will notify the City of Cerritos in writing of any changes of contact person, mailing address, or other pertinent information as they occur.

Further, I the undersigned designated representative for _____(Name of Organization), on behalf of each member of said Organization, being granted permission to utilize City of Cerritos facilities for meetings, banquets, special events, recital and/or stage events, picnic shelters, and/or athletic fields for play or practice, for each of their heirs, executors and assigns, agree to hold harmless the City of Cerritos, its officers, agents, employees and volunteers, for all harm, accidents, personal injury or property damage suffered by him/her/them as a result of the participant(s) taking part in the aforementioned activities, including harm resulting from negligent acts or omissions of the City of Cerritos or its officers, agents, employees or volunteers. I, undersigned, on behalf of each member of said Organization, further agree to indemnify the City of Cerritos, its officers, agents, employees and volunteers for any liability incurred by it for the harms specified herein.

_____ _____
Authorized Signature (President or Executive Director) Date

FOR CITY OF CERRITOS USE ONLY
CALENDAR YEAR: _____ DATE RECEIVED: _____ APPROVED: _____ DENIED: _____

TOTAL MEMBER COUNT: _____ RESIDENT: _____ NON-RESIDENT: _____ GROUP STATUS: _____

REVIEWED/APPROVED BY: _____ / _____ DATE: _____

CHECKLIST: _____ MEMBERSHIP ROSTER ____ BYLAWS _____ INSURANCE _____ STATE OF CALIFORNIA PROOF OF NON-PROFIT
_____LETTER OF VERIFICATION ON SCHOOL LETTERHEAD SIGNED BY THE PRINCIPAL _____ IRS PROOF OF NON-PROFIT
(Local school/parent based organizations **only**)