



CLEMENTS BUCKAROOS, INC.

CLEMENTS BUCKAROOS, INC.
 A Non-Profit Organization
 PO Box 237 / 19381 E Highway 88
 Clements, CA 95227

www.clements buckaroos.com / clements buckaroos@yahoo.com

RENTAL APPLICATION

Please complete the application below and email to the Clements Buckaroos at clements buckaroos@yahoo.com

Date:

Applicant	Name of Organization or Individual:		Type of Organization (<i>private, community, non-profit, club</i>):	
	Event / Activity:		Date(s) of Event	
	Event Manager:		Total # of Event Days:	
	Address	City	State	Zip Code
	Phone #'s		Email	

Event Information	Please check the properties and services you will be needing:		
	<input type="checkbox"/> Clubhouse	<input type="checkbox"/> Clubhouse w/ kitchen use	<input type="checkbox"/> Concession Building (East or West)
	<input type="checkbox"/> Arenas (includes large & small)		<input type="checkbox"/> Tractor / Harrow
	<input type="checkbox"/> Chutes ~ Bucking / Roping (<i>No Charge</i>)		<input type="checkbox"/> Water Truck
	<input type="checkbox"/> Holding Pens		<input type="checkbox"/> Arena lights Estimated hours per day _____
	<input type="checkbox"/> Upper parking and/or pasture areas		<input type="checkbox"/> RV Hook-ups - Electricity & Water
	<input type="checkbox"/> Bathrooms at Arena		
	Help us to better meet your special needs by answering the following questions:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol to be sold	(ABC License required)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outside Catering services to be used	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you charge for admission to this event		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Large attendance – Additional toilets / Dumpsters will need to be considered		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Concessions to be provided by Clements Buckaroos, Inc.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Set-up /Tear-down	Additional days/time needed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Activities during event	(i.e., Carnival; Dance; etc.)	
Name of Referring CB Member:			

CBI	<input type="checkbox"/> Yes <input type="checkbox"/> No	CBI Board /Committee Approval	Date:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	CBI Calendar / Website	Date: