

## APPLICATION FOR USE OF RECREATION FACILITIES

Location \_\_\_\_\_ Facility/Area Desired \_\_\_\_\_

Day \_\_\_\_\_ Date \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_

Type of Activity \_\_\_\_\_ No. Attending \_\_\_\_\_

Name of Organization \_\_\_\_\_ Non-Profit Number: \_\_\_\_\_

Name and Title of Applicant \_\_\_\_\_

Applicant's Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Please check if event will be open to: \_\_\_\_\_ Public \_\_\_\_\_ Members/guests

Is a charge of any kind to be made? \_\_\_\_\_ If so please describe \_\_\_\_\_

If funds are to be raised, for what purpose? \_\_\_\_\_

Are kitchen facilities desired? \_\_\_\_\_ Hours: \_\_\_\_\_ For: \_\_\_\_\_ Refreshments \_\_\_\_\_ Light Cooking \_\_\_\_\_ Full meal

Indicate below any special equipment required at facility. Also, show desired set-up in box provided.

**ROOM SET-UP**

<u>Number</u>	<u>Item</u>
_____	Chairs
_____	Tables
_____	P.A. System
_____	Other _____

I certify that I will abide by the Rules and Regulations.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Do Not Write Below This Line

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Is facility available? Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_

FACILITY	FEE	DISPOSITION OF REQUEST	
		Request Denied By	
		Request Approved By	
		Date	
		Total Charge	
Staff Expense		Date Fees Paid	

Insurance Endorsement \_\_\_\_\_

Receipt # \_\_\_\_\_

Non-Profit # \_\_\_\_\_