

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

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 # _____