



APPLICATION FOR USE OF FACILITIES AND EQUIPMENT

- 1) Today's Date _____
- 2) Organization _____
- 3) Applicant Name _____
- 4) Address _____
- 5) Phone (H) _____ (W) _____
- 6) E-Mail _____

- 7) Person in Charge (if other than applicant)
Name _____
Phone _____
- 8) Activity Type _____
- 9) Date(s) of Use _____
- 10) Time Rental Begins _____ Time Rental Ends _____

- 11) Number of people expected? Min. _____ Max. _____
- 12) Is organization a civic or community organization? YES NO
- 13) Does user collect fees? YES NO
Admissions: Adults \$ _____ Youth \$ _____
- 14) Proceeds will be used for? _____
- 15) Will food and beverages be served? YES NO
Requests for alcohol can only be made by residents and only for the Cherry Hill Shelter or Mr. Brown's Park. A written request must accompany the application and is subject to the Director's approval. An ABC License is required.

- 17) Is room setup needed? YES NO
If yes, please detail needs here or attach a separate diagram:

- 16) Space Requested (fee varies upon space selected):

<input type="checkbox"/> Art Room	<input type="checkbox"/> Mr. Brown's Park
<input type="checkbox"/> Senior Center Left	<input type="checkbox"/> Berman Park Shelter
<input type="checkbox"/> Senior Center Right	<input type="checkbox"/> Big Chimneys Park Shelter
<input type="checkbox"/> Senior Center Full	<input type="checkbox"/> Cherry Hill Shelter
<input type="checkbox"/> Community Room	<input type="checkbox"/> Madison Park Shelter
<input type="checkbox"/> Teen Center	<input type="checkbox"/> Roberts Park Shelter
<input type="checkbox"/> Party in the Gym*	<input type="checkbox"/> Full Gym

- 18) Equipment Requested: (INDOOR ONLY)
 - Tables - If so, how many? _____
 - Chairs - If so, how many? _____
 - Podium Microphone
 - Other (Specify) _____
- 19) Security Deposit will be fully refunded at the end of the reservation if the space is left in the same condition as it was found.

The undersigned certifies that he/she is familiar with the Falls Church Recreation & Parks Department policies and regulations as stated on the accompanying pages of the agreement, and that these shall be enforced as well as honored by the using group. The undersigned further certifies that he/she is the authorized representative to act for and accept the responsibility for the organization.

Signature of Representative

PERMIT NOT TRANSFERABLE

FOR OFFICE USE ONLY

Type of Rental:

- Civic – Resident Civic – Non-Resident
- Private Event - Resident Private Event - Non-Resident
- For-Profit – Resident For-Profit – Non-Resident

Space Assigned _____

RECREATION & PARKS DEPARTMENT

APPROVED DENIED

Room Rental Fee:

No. of Hours _____
No. of Meetings _____
Total \$ _____

Personnel Fees:

Supervisory Fee: \$ _____
Maintenance Fee: \$ _____
Other Fees \$ _____
Total \$ _____

Director of Recreation & Parks

Comments _____

Total Balance Due \$ _____

Security Deposit \$ _____