



# APPLICATION FOR USE OF FACILITIES AND EQUIPMENT

- 1) Today's Date \_\_\_\_\_
- 2) Organization \_\_\_\_\_
- 3) Applicant Name \_\_\_\_\_
- 4) Address \_\_\_\_\_
- 5) Phone \_\_\_\_\_
- 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) Time event is open to guests or public \_\_\_\_\_
- 12) Is room setup needed? YES  NO   
*If yes, please provide a diagram or detail needs here.*

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

### 19) Equipment Requested: (enter quantity where applicable)

- Tables \_\_\_\_\_  TV/DVD \_\_\_\_\_
- Chairs \_\_\_\_\_  Coffee Pot \_\_\_\_\_
- Podium \_\_\_\_\_  Microphone \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

\* Cherry Hill Farmhouse and Barn reservation requests must be applied for separately through the Cherry Hill Farmhouse coordinator at 703-248-5171. More information about the Farmhouse and Barn can be found at [www.fallschurchva.gov/cherryhillfarmhouse](http://www.fallschurchva.gov/cherryhillfarmhouse).

\* 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.

### 18) Space Requested

- Art Room  Half Gym
- Community Room  Full Gym
- Senior Center 1 (Left)  Cherry Hill Shelter
- Senior Center 2 (Right)  Roberts Park Shelter
- Full Senior Center  Madison Park Shelter
- Kitchen  Berman Park Shelter
- Other (specify): \_\_\_\_\_

*The Teen Center is only rented as part of the Party Package (3 hours total; R: \$100, NR:\$200) and the half-gym can be rented as part of a Party Package with another room (3 hours total with 1 of those hours in the gym; R: \$90, NR: \$180).*

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 Resident  Private Non-Resident  
 For-Profit City  For-Profit Non-City

Total Balance \$ \_\_\_\_\_

Space Assigned \_\_\_\_\_

### Room Rental Fee:

No. of Hours \_\_\_\_\_ No. of Meetings \_\_\_\_\_  
Rate for first hour \_\_\_\_\_ Rate for each additional hour \_\_\_\_\_  
Total \_\_\_\_\_

### Personnel Fees:

Supervisory: No. of Hours \_\_\_\_\_ Hourly Rate \_\_\_\_\_  
Custodial: No. of Hours \_\_\_\_\_ Hourly Rate \_\_\_\_\_  
Total \_\_\_\_\_  
Other Fees \_\_\_\_\_  
Total Amount \$ \_\_\_\_\_  
Security Deposit \$ \_\_\_\_\_

## RECREATION & PARKS DEPARTMENT

APPROVED  DENIED

\_\_\_\_\_  
Director of Recreation & Parks

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_