



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

- |   |   |
|---|---|
| <input type="checkbox"/> Art Room                 | <input type="checkbox"/> Mr. Brown's Park     |
| <input type="checkbox"/> Community Room           | <input type="checkbox"/> Cherry Hill Shelter  |
| <input type="checkbox"/> Senior Center 1 (Left)   | <input type="checkbox"/> Roberts Park Shelter |
| <input type="checkbox"/> Senior Center 2 (Right)  | <input type="checkbox"/> Madison Park Shelter |
| <input type="checkbox"/> Full Senior Center       | <input type="checkbox"/> Berman Park Shelter  |
| <input type="checkbox"/> Teen Center              | <input type="checkbox"/> Full Gym             |
| <input type="checkbox"/> Party in the Gym Package |   |

*The Party in the Gym package includes use of half of the gym and a party room (Art Room or half Senior Center) for 3 hours.*

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

- 18) Equipment Requested: (enter quantity where applicable)
- Tables - If so, how many? \_\_\_\_\_
- Chairs - If so, how many? \_\_\_\_\_
- Podium  Microphone
- Other (Specify) \_\_\_\_\_

\* 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Civic – Resident         | <input type="checkbox"/> Civic – Non-Resident         |
| <input type="checkbox"/> Private Event - Resident | <input type="checkbox"/> Private Event - Non-Resident |
| <input type="checkbox"/> For-Profit – Resident    | <input type="checkbox"/> For-Profit – Non-Resident    |

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

### RECREATION & PARKS DEPARTMENT

APPROVED  DENIED

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

### Room Rental Fee:

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

### Personnel Fees:

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

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

**Total Balance Due \$** \_\_\_\_\_

Security Deposit \$ \_\_\_\_\_