



PARKS, RECREATION & COMMUNITY SERVICES DEPARTMENT

COMMUNITY CENTER RESERVATION REQUEST FORM

Responsible Person*: _____ Organization: _____

Phone: Day () _____ Evening () _____ Other () _____

Address of Responsible Person: _____

City

State

Zip Code

PLEASE FILL OUT ALL THE INFORMATION BELOW

Facility(ies) Requested: _____ Date Requested: _____

Table with 2 columns: 1st Choice, 2nd Choice

Event Description: _____ Number of People Expected: _____

Is this a recurring event? Yes [] No [] If yes, please explain: _____

Table with 4 columns: SET UP TIME, RENTAL TIME, CLEAN & OUT BY, TOTAL HOURS

- Will your event be catered? Yes [] No []
Will you be having music for your event? Yes [] No []
Will you have alcohol at your event? Yes [] No []
Will admission be charged for this event? Yes [] No []
If utilizing the gym, will you be conducting a: Practice [] Tournament [] Other []

REQUESTED EQUIPMENT & SERVICES

(Additional charges may apply. Services and equipment are available on a first come/first serve basis only.)

- [] Lectern [] Kitchen [] Easel [] Dry Erase Board
[] TV/VCR [] LCD Projector [] Coffee Service [] Insurance**

THIS IS A RESERVATION REQUEST AND DOES NOT GUARANTEE OR CONFIRM ANY RESERVATION. YOU WILL BE CONTACTED WITHIN THREE (3) BUSINESS DAYS REGARDING YOUR RESERVATION REQUEST. THANK YOU

FOR OFFICE USE ONLY

SITE NAME: _____ DATE RECEIVED: _____ STAFF: _____

ACTION TAKEN: _____

* The Responsible Person indicated on the Facility Permit Application must be at least 18 years of age. In addition, they must attend the event from beginning to end.

** Some permitted events will be required to provide proof of insurance coverage, purchase insurance through the city and/or sign an indemnity form. Please contact the facility supervisor for more information.