

Key Fob # _____



Special Permit Application for Activity Centers

Note: REQUIRES A MINIMUM OF TEN WORKING DAYS TO PROCESS

Facility and Room(s) Requested _____

Headcount: _____ Date: _____ Time: _____

Purpose of Rental _____ Email Address _____

Name of Applicant Responsible for Rental _____

Organization Responsible for Rental _____

Deposit Return Address _____ Contact Phone Number _____

Check the item(s) applicable to your rental:

- Will there be admission fees/sales or money exchanged? Will it be open to the public? If yes, explain. _____
- Will there be a live band or DJ?
- Are there any unusual/additional electrical or equipment needs? Will you have a moonwalk? If yes, explain. _____
- Is this a request for an alcoholic beverage permit?

Please select the age range of your guests: 0-12 13-20 21 & up

Please select your setup needs. All requests are subject to availability. First come, first served. If you have additional questions/set-up requests, please contact the office manager at the facility you will be renting. Round tables seat 6-8 people. Rectangular tables: 6ft (up to 6 people) 8ft (up to 8 people)

Note: Setup fees may apply, based on your final headcount.

1-100 people (free) 101-150 people (\$25) 151-300 people (\$50) 301+ people (\$75)

Banquet Style Classroom Style Theater Style Conference Style U-Shaped Hollow Square

Round Tables _____ # 6 ft. Tables _____ # 8 ft. Tables _____ # Chairs _____

Any other special requests? Additional Information?

Please select additional items for your rental: Stage (\$100) *Not available at Phelps or Faucett Centers*

Coffee for 20 (\$20) Coffee for 50 (\$30) PA System (\$25) Faucett Projector (\$25) WiFi (\$10) Lectern (\$10)

I understand that I will be fully responsible for conforming to the Facility rental rules and regulations and the Park Ordinances and that I will be held liable for all actions during this activity/rental. Drugs, firearms/weapons are prohibited in any PARA center, facility or park. Special beverage permits are subject to approval and require an additional contractual agreement.

Signature of Applicant

Date

For office use only:

Deposit Fee Amount \$ _____ Receipt # _____ Receipt by _____
PARA Office Location _____ Forwarded to & Date _____