



FACILITY REQUEST FORM

Date _____
 Applicant's Name _____
 Email _____ Driver's License # _____
 Day Phone _____ Evening Phone _____ Fax _____
 Organization/Group Name (if applicable) _____ Non-Profit Corp. Yes No
 Applicant's position/connection with Organization/Group (if applicable) _____
 Mailing Address _____
 Street/PO Box _____ City _____ State _____ Zip _____

Park Name and Facilities Requested _____
 Event Name _____ Type of Activity _____
 Event Date(s) Requested _____ Estimated Attendance _____

Times (Including Preparation/Cleanup) (**Note Quinton Community Center has 4 hour rental minimum) _____

Received Facility Rental Rules Yes No

*****The Following to be Completed by Staff*****

Permit Categories (Check one)

- | | | | |
|--------------|---|-------------|--|
| Category I | Sponsored/Co-Sponsored | Category IV | Private (Private Groups, Organizations, Individuals) |
| Category II | Recreation Partner | Category V | Public Issue Speech |
| Category III | Not-for-Profit/Exempt (Must qualify for tax exempt Status pursuant to 501c criteria of IRS Code) _____ 501c (_____) | | |
| | Consumer Certificate of Exemption | | 501c Criteria # |

Conditions (check all applicable)

- Activity open to public
- Admission charged
- Alcohol
- Electrical _____
- Letter of Request
- Security
- Other _____
- Outlets needed (Pavilions only)

High Risk Conditions: Insurance Required (check all applicable)

- Activities that involve physical contact and/or inflatable structures
- Alcoholic beverages and open to the public; liquor liability required
- Sale of food items and/or beverages at functions open to the public
- Amplified music primary to function with over 200 people expected open to the public

Receipt #: _____ Total Fee \$ _____ Digital Sign Message: _____ _____ _____ 3 lines total – 15 characters max per line ***Note: NKPR reserves the right the alter/edit message	Deposits <i>A separate payment is always required for deposits</i> Security Deposit Deposit \$ _____ Check # _____ Date _____ Office Use Only _____ NKPR Sign Approved/Scheduled Initials
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Please read carefully and sign:

The undersigned hereby accepts full responsibility for liability for any property damage to the park or facility, and the grounds, that may occur during the period of use by the organization. The undersigned further certifies that a copy of the Community Use Regulations of New Kent County has been received and agrees to comply with all applicable provisions of those regulations. The undersigned represents that he/she has authority to bind the organization/participants he/she purports to represent. The individual/organization agrees to hold New Kent County, its employees, and volunteers harmless from any damage or claims arising from the action of the permit holder, his/her employees, or patrons while the facility is in use. **NOTE: Security Deposit will be deposited if key is not returned two days after the event or if event is cancelled with less than 30 days notice.**

X _____
 Applicant Signature Date Print Your Name As Signed

X _____
 Parks & Recreation Approval Title Date