

Parks and Recreation Department 256.564.8026 docrecquestions@huntsvilleal.gov

The Star of Alabama

Document Submission Information

Please give us your name, email and contact number so we may contact you if needed regarding the document you are submitting.

Thank You.

First Name:	_ Last Name:				
Email Address:					
Contact Phone Number:					
contact mone ramber.					

HUNTSVILLE

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JAYCEE BLDG/FAIRGROUNDS/BIG SPRING PARK &KIDS SPACE FACILITY USE APPLICATION

Approved Application	n Must be in You		n when using	•	_	older		Date Receive	ed:	
Name of Group or Or									_	
s this a Non-profit Organization:		Yes	No		[If YES, provide a copy of your			501(c)(3) information]		
Do you have Group Liability Insurance?		e? Yes	No		(Certificate naming City as			s co-insured n	co-insured may be required)	
Yes: Contact Person	(must be over 21):					Title:				
Address:										
Street					City		S	tate Z	ip	
E-mail Address: Telephone: (home)				ell)		E	ax.			
Activity:										
Description of Activity										
Event Date(s):	,			· · ·						
Set-up/Clean-up Date										
Facility Requested:			airgrounds/Nor			ids Space		to Arbor		
Will there be a fee ch			C	No						
Is this activity open to	•	1: -9	Yes						to Children	
Will any of the followin	•		es No	Ma Band		ations		House	children	
Portable Wall				flatables					-	
Submitted by:										
(App	olicant must be 21 yea	ars of age or old	der)			1 IIIIC		Date		
All documentation r		not confirmed t 48 hours prior tions must be ca		n is reviewed event, or	ed and <u>50% o</u> the City of I days in advar	deposit or full Huntsville has nee to qualify	the right to denger for a refund.		nested facility.	
		(To be com	pleted by Parl	ks and Reci	reation Depa	ertment Staff)			
Application Received by:										
Review 1	Info: To be complete	ed by the Progr	ammer/Superi	ntendent - u	ise back if n	ecessary.				
Insurance:	Not Required:					/ed/Attached:	Waived:			
Business License:	Not Required:	Required:		<i>r</i> •		Red	ceived/Attached			
Police Security:	Not Required:	Required:	Date:	<i>r</i> :	_		Fee Wai	ved by:		
	e: \$ Amt. \$	Buc				Receipt #	i cc wai			
Deposit:	Payment Method:	Che		Money O		·				
Bal/Full Payment:	Amt. \$		Rec By:			Receipt #		Date:		
Approval/Denial No	Payment Method: otes:	Che		Money O						
Application Approved	d/Denied by (see	Status Belov								
	Status:	Approved:		Denied:		Date:		_		
	this application for alpproval for information				ce Services i	s to be routed	through the cha		immediately upon	
(To be completed after eve	nt by User Group)								a : 15	
Actual Number A	Attending:		Signatu	re:				,	thorized Rep. Jser Group)	