

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: _____

FACILITY USE APPLICATION

(Applicant must be 21 years of age or older)

Date Received: _____

Approved application must be in your possession when using the facility.

Name of Group or Organization: _____

Is this a Non-profit Organization: Yes No (If YES, provide a copy of your 501(c)(3) information)

Do you have Group Liability Insurance? Yes No (Certificate naming City as co-insured may be required)

Contact Person (must be over 21): _____ Title: _____

Address: _____
Street City State Zip

E-mail Address: _____

Telephone: (home) _____ (work/cell) _____ Fax: _____

Activity: _____ Date: _____ Time: From: _____ To: _____

To: Description of Activity/Events: _____

Area(s) Requested (Gym, meeting room, etc.): _____

(Please be specific & list all areas you wish use, fee will be based on areas listed and usage will be limited to areas approved)

Will there be a fee charged for this activity? Yes No If yes, \$ _____ per _____

Is this activity open to the general public? Yes No Maximum Number of Attending: _____ Adults _____ Children

Will any of the following be involved? Decorations Grill Food Alcohol Band Tent Inflatables Chairs # _____ Tables # _____

Other Info: _____

Submitted by: _____ Time: _____ Date: _____

(Applicant must be 21 years of age or older)

Reservations are made on a first come-first served basis.

Reservations are not confirmed until application is reviewed, all required documentation is received and full payment is received. All documentation must be on file at least 48 hours prior to the scheduled event, or the City of Huntsville has the right to deny use of the requested facility. Reservations must be cancelled ten (10) business days in advance to qualify for a refund, IF APPLICABLE.

If Applicable, refunds require the return of the original receipt and a 3-6 week processing period.

===== NO REFUNDS FOR PAVILION RENTALS EXCEPT AS NOTED ABOVE =====

(To be completed by Parks and Recreation Department staff)

Application Received by: _____ Date: _____

Review Info: To be completed by the Programmer/Superintendent - use back if necessary.

Insurance: Not Required: Required: Initials: _____ Received/Attached: Waived: _____

Business License: Not Required: Required: Initials: _____ Received/Attached: _____

Police Security: Not Required: Required: How Many? _____ Initials: _____

Payment: Total due: \$ _____ Due Date: _____ Fee Waived by: _____

Deposit: Amt. \$ _____ Rec by: _____ Receipt # _____ Date: _____

Bal/Full Payment: Amt. \$ _____ Rec. by: _____ Receipt # _____ Date: _____

Payment Method: Cash Check Credit Card (varies by location) Money Order

Approval/Denial Notes: _____

Application Approved/Denied by (see Status Below): _____

Status: Approved: Denied: Date: _____

Note: A copy of this application for all events over 100 people or requiring Police Services is to be routed through the chain of command immediately upon approval for informational purposes. A copy of all documentation (Insurance, Business License, etc.) is to be included.

(To be completed after event by group or organization)

Actual Number Attended: _____ Signature: _____ (Authorized representative of group or organization)