

**FACILITY USE APPLICATION**  
**(\$20 APPLICATION FEE REQUIRED UPON SUBMITTAL)**

1. Facility Requested \_\_\_\_\_ Location \_\_\_\_\_

2. Activity date(s) \_\_\_\_\_ from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

3. Individual/Organization requesting use of facility \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

4. Type of Activity \_\_\_\_\_ Planned Attendance # \_\_\_\_\_

5. Will you attend? Yes \_\_\_\_\_ No \_\_\_\_\_, If no, who will be in charge? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

6. Is Organization non-profit? Yes \_\_\_\_\_ No \_\_\_\_\_ ( If yes, please attach a copy of IRS identification)

7. Is organization/activity sponsored/co-sponsored by the City of Crestview? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Does the individual/organization have liability insurance coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Copy of Insurance Certificate must be attached. Coverage per person \$ \_\_\_\_\_ Total Coverage \$ \_\_\_\_\_

\_\_\_\_\_ Insurer \_\_\_\_\_ Policy No. \_\_\_\_\_

Note: City of Crestview must be listed as "ADDITIONAL INSURED".

9. Requirements (Specify) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

10. Will food be served? Yes \_\_\_\_\_ No \_\_\_\_\_ Description \_\_\_\_\_

11. Will you use any outside vendors for catering, games, etc.? \_\_\_\_\_

12. Comments \_\_\_\_\_

\_\_\_\_\_

The undersigned certifies that he/she is familiar with and will abide by current City of Crestview policies and procedures, City of Crestview Parks and Recreation Ordinance, and the requirements for users. The undersigned shall be held liable for any and all damages to City of Crestview property by user and for the prompt and proper settlement of claims for such damages and agrees to pay applicable fees set forth. The undersigned shall be responsible for clean-up and care of equipment and facilities used. Failure to do so will result in forfeiture of deposit, paying a penalty, and denial of future use.

We (I) release the City of Crestview, its employees, its agents, its volunteers and its assigns and waive any claim of liability for injury/damages sustained through risks and dangers that may or may not be known; directly or indirectly arising out of the use of these facilities.

\_\_\_\_\_ Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_  
 Administrative Services Director or Designee

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_  
 Public Services Director or Designee

Note: If Public Service Department Resources/Personnel are requested Director approval is required.  
 01-17-06