

## Facility Rental Application

Please complete this entire form and submit to the City of Lancaster Parks, Recreation & Arts Department. Applications must be received at least three weeks, but no more than six months, prior to the requested use date. It is understood that this application is only a request for facility use. Filling this application in no way indicates approval for use of City facilities.

### Requested park or facility:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Clear Channel Stadium (CCS) | <input type="checkbox"/> Jane Reynolds Park (JRP)       | <input type="checkbox"/> Rawley Duntley Park (RDP) |
| <input type="checkbox"/> Eastside Park (ESP)         | <input type="checkbox"/> Lancaster City Park (LCP)      | <input type="checkbox"/> Skytower Park (STP)       |
| <input type="checkbox"/> El Dorado Park (EDP)        | <input type="checkbox"/> Lancaster Soccer Center (LNSC) | <input type="checkbox"/> Tierra Bonita Park (TBP)  |
| <input type="checkbox"/> Forrest E. Hull M.D. Park   | <input type="checkbox"/> Mariposa Park (MP)             | Other (specify) _____                              |

### Requested park area(s): (check all that apply)

- Activity center (small meeting room/large meeting room)  
 Activity center with kitchen privileges (refrigerator at LCP not available June, July, or August)  
 Athletic field (specify type and number) \_\_\_\_\_  
 Group picnic shelter (for Rawley Duntley Park, include the shelter #) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

**Type of function/activity:** (meeting, picnic, etc.) \_\_\_\_\_

**Estimated Attendance:** # of adults \_\_\_\_\_ # of children \_\_\_\_\_ # total \_\_\_\_\_

**Requested date and times:** Please include any necessary set-up or clean-up time. The start time you list is the time you will be granted access to the facility. Your finish time should be the time you will leave the area. When use dates exceed two days, please attach a schedule of dates and times.

Date: \_\_\_\_\_ S M T W Th F Sa    Set-up Time: \_\_\_\_\_    Event Time: \_\_\_\_\_ am / pm    To \_\_\_\_\_ am / pm  
Date: \_\_\_\_\_ S M T W Th F Sa    Set-up Time: \_\_\_\_\_    Event Time: \_\_\_\_\_ am / pm    To \_\_\_\_\_ am / pm

### Alternate Date(s)

Date: \_\_\_\_\_ S M T W Th F Sa    Set-up Time: \_\_\_\_\_    Event Time: \_\_\_\_\_ am / pm    To \_\_\_\_\_ am / pm

**Equipment:** Tables chairs and other equipment normally located at the requested facility can be made available for indoor use. Additional charges may be required for some equipment. Equipment is not available for outdoor use. PA systems, audio-visual equipment, and stage risers are not available. Round tables are available only at Lancaster City Park. Six-foot tables are available at all parks. List the number/type of tables and chairs needed below. Electricity and water are not always available for outdoor use.

Dining Tables \_\_\_\_\_    Chairs \_\_\_\_\_    Water \_\_\_\_\_  
Serving Tables \_\_\_\_\_    Electricity \_\_\_\_\_    Other \_\_\_\_\_

**Customer/Applicant Information:** The customer is the person, group, or organization who is financially responsible for the function. The applicant is the person submitting this application. Any deposit refunds will be made payable to the customer.

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_  
number street city state zip code

Applicant Name: \_\_\_\_\_

Applicant address: \_\_\_\_\_  
number street city state zip code

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

Additional contact name: \_\_\_\_\_    Phone (    ) \_\_\_\_\_

**Insurance:** The City of Lancaster requires all facility users to provide a certificate of insurance for \$1,000,000 in liability coverage, with the City of Lancaster named as additional insured. You may provide your own or purchase a one-day event policy from the City.

I will provide my own insurance. Proof of insurance in the form of an original signed certificate is due in our office no later than five working days prior to the facility use. A sample insurance certificate is attached.

I wish to purchase one-day event insurance from the City of Lancaster. Insurance rates vary depending on the type of activity and the number of participants. Consult the current rate schedule for fee.

**Other Information:** To aid us in processing your application, please answer the following questions.

1. Is this activity:
 

... a private function where only invited guests or members may attend?	YES	NO
... open to the general public to attend?	YES	NO
  
2. Is this activity sponsored by a recognized non-profit organization? YES NO  
 If yes please enter state non-profit ID# \_\_\_\_\_
  
3. Is this activity for the financial gain of an individual or commercial entity? YES NO
  
4. Is the facility being used for religious, political, or union activities? YES NO
  
5. Will a charge, fee, or donation be collected during this activity? (please include fees for admission or product/service sales) YES NO

If yes, please list the type (i.e. admission, food charge) and the amount of charge, fee, or donation.

-----

6. Amplified sound is prohibited except by special approval. Please indicate if you would like to request the use any amplified sound including, but not limited to, live, recorded, or taped music, or amplified speech. If yes, describe the type and purpose of the amplified sound.

-----

7. Are you using any special equipment/attractions (BBQs, booths, stages, etc.) for your activity? Special equipment/attractions such as Moon Bounces or Dunk Tanks require the supplier/operator and the customer to have additional Certificates of Insurance naming the City as additionally insured with an Endorsement.

If yes, please describe:

-----

8. Alcohol use is prohibited except by special City Council approval.

9. Other Comments.

-----

**Statement of Understanding:** In order for this application to be considered, the applicant must be present at all times while the activity is in progress. Upon signing this application, you understand that you will be held responsible for the group's actions collectively, individually, and financially.

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

Credit Card \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expires \_\_\_\_\_

Cardholder Name (Print) \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

FOR OFFICE USE ONLY			
Facility Rate \$ _____	# of Hours _____	Staffing Rate \$ _____	# of Hours _____
<b>Fees</b>			
Staffing _____	Facility _____	Insurance _____	Security Deposit _____ Other Fees _____
Approved _____	Grand Total _____		
Recreation Coordinator/ Supervisor	Date		