Parks and Recreation Department

FACILITY USE APPLICATION

Date(s) Needed:_____ Hours: From_____ to_____

Name of Applicant:_____ Home Phone:_____

Organization:_____ Work Phone:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Facility:_____ # of people in attendance:_____

Field:_____ Room/Center:_____ Ramada:_____

Nature of Activity:_____

1. There are **NO Alcoholic** beverages or **No Smoking** allowed at the Youth Center or the grounds outside.
2. No alcohol is permitted at Public Parks without a city issued permit. Alcohol permits are available only for San Carlos Park and Kenilworth Sports Complex
3. All persons must be out of the Youth Center by midnight.
4. Close and lock all doors and turn off all lights.
5. The facility must be left in a clean condition. In the event that the facility is not left in a clean condition then the organization will be charged for the cost of clean-up.
6. All groups will be held liable for any damage to the facility or equipment.
7. A fee for facilities will be charged based on a fee schedule. Refunds and deposits will be given at the discretion of the Parks and Recreation Director.
8. The City of Coolidge will conduct a before and after use inspection. It is also the responsibility of the authorized representative to conduct a before and after inspection and report any dangerous or hazardous condition to the Parks and Recreation Department or the Police Department.
9. The Parks and Recreation Department has the right to terminate any function due to inappropriate behavior or misuse of a facility.
10 The Coolidge Parks and Recreation Department reserves the right to cancel this reservation prior to scheduled use due to unforeseen City of Coolidge conflicts, etc., in which case applicant will be notified in advance and all pre-paid fees and deposits will be refunded.

I have read, understand and agree to abide by the City of Coolidge requirements for use.

Applicant's Signature:_____ Date:_____

FOR OFFICE USE ONLY

Ramada: $_____ Electricity: $_____ Water: $_____

Restroom: $_____ User Fee: $_____ Amount of Deposit: $_____

Fields: $_____ Set up Fee: $_____ Amount due and payable to the City of Coolidge: $_____

Parks and Recreation /Agent Signature:_____ Date:_____