

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 two 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. Completing this application in no way indicates approval for use of City facilities.

Requested park or facility:

- | | | |
|---|--|--|
| <input type="checkbox"/> American Heroes Park (AHP) | <input type="checkbox"/> Jane Reynolds Park | <input type="checkbox"/> Deputy Pierre Bain Park |
| <input type="checkbox"/> Cedar Center (CC) | <input type="checkbox"/> Sgt. Steve Owen Memorial Park
(formerly Lancaster City Park) | <input type="checkbox"/> Rawley Duntley Park |
| <input type="checkbox"/> Eastside Pool | <input type="checkbox"/> Lancaster Soccer Center (LNSC) | <input type="checkbox"/> Skytower Park (STP) |
| <input type="checkbox"/> Forrest E. Hull M.D. Park | <input type="checkbox"/> Mariposa Park (MP) | <input type="checkbox"/> Tierra Bonita Park(TBP) |
| | <input type="checkbox"/> MOAH - Museum | <input type="checkbox"/> Webber Pool |

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 #) _____
 Lifeguards (specify number of guards) _____
 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 () _____

Email address: _____

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 if you are an individual.

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. I hereby release and hold harmless from liability the City of Lancaster, its officers, agents, servants, employees and representatives.

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 _____
Fees			
Staffing _____	Facility _____	Insurance _____	Security Deposit _____ Other Fees _____
Approved _____	_____		Grand Total _____
Recreation Coordinator/ Supervisor	Date		