



City of New Carrollton Recreation Facility Reservation Application

Name of Requested Facility: _____

Date of Application: ____/____/____

Name of Organization: _____

Name of Individual Contact: _____

Address: _____
Street City State Zip

Telephone: Home ____ (____) ____ - ____ Work ____ (____) ____ - ____ Mobile ____ (____) ____ - ____

Is the Organization a City-located youth Organization? **Yes** **No** Is the Organization Headquartered in New Carrollton? **Yes** **No**

Type of activity for anticipated use: _____

Date(s) Requested: _____ Times Requested: From _____ To _____
Attach additional sheet if necessary

Description of Activity or Event _____

Are you charging a fee? **Yes** **No** If Yes, for what purpose? _____

Expected number of participants: _____ Age ranges: _____

____ I hereby confirm that I have received and read the City's Recreation Facilities Rules and Regulations

____ The organization's "Proof of adequate minimum liability insurance" (required under Section III, item 5) is attached to this application

In addition, applicant/organization agrees to indemnify and hold harmless the City from and against all actions, liability, claims, suits, damages, cost or expenses of any kind which may be brought or made against the City or which the City must pay and incur by reason of or in any manner resulting from injury, loss or damage to persons or property resulting from their negligent performance of or failure to perform any of their obligations under the terms of this application/permit.

____ Date _____ Signature of Contact Individual _____

DO NOT WRITE BELOW THIS LINE

Recommendation of Recreation Board _____ Damage Deposit \$ _____

Approval _____ Disapproval _____ Estimated Fees \$ _____

Comments _____

Date _____ Signature _____

Action by the Mayor (or designee)

Approval _____ Disapproval _____

Comments _____

Date _____ Signature _____