



# 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 \_\_\_\_\_ Email: \_\_\_\_\_

Is the Organization a City-located youth Organization? **Yes**  **No**

Is the Organization Headquartered in New Carrollton? **Yes**  **No**

What share of participants are City residents? \_\_\_\_\_ % *(Roster verification required if fee waivers are being requested)*

Is your organization a non-profit? If yes, please enter your non-profit ID#: \_\_\_\_\_ and provide Certificate of Non-profit status with this application.

Type of activity for anticipated use: \_\_\_\_\_

Date(s) Requested

Date Starting	Date Ending	Day (M/T/W/Th/F/S)	Time(s)	Description of Activity or Event

*Attach additional sheet if necessary*

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 Printed Name Signature

**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 \_\_\_\_\_

*All applications must be received before deadline or they will be automatically rejected. Any single event activity application must be submitted at least two weeks before date of the event.*