



**RECREATION, PARKS AND OPEN SPACE  
FACILITY USE APPLICATION (NOT A PERMIT)  
RECREATION FACILITIES**

**401 MONTICELLO AVE., SUITE 420  
NORFOLK, VIRGINIA 23510  
OFFICE: (757) 823-4291 FAX: (757) 823-4385**

**RECREATION FACILITIES**

**FOR OFFICE USE ONLY:**  
 Fee Attached \_\_\_\_\_  
 Paid (Receipt #) \_\_\_\_\_  
 Resident \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 Approved \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 Permit Number \_\_\_\_\_

Facility Requested \_\_\_\_\_ Activity \_\_\_\_\_

Days of Week \_\_\_\_\_ Date \_\_\_\_\_ Hours \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
 (Use additional sheet if more than one day.)

ESTIMATED NUMBER OF PARTICIPANTS/SPECTATORS \_\_\_\_\_ 0-39 \_\_\_\_\_ 40-199 \_\_\_\_\_ 200+

RESPONSIBLE PERSON (Must be on site during permit hrs.) \_\_\_\_\_ Phone \_\_\_\_\_  
 PRINT NAME Work Home

EMAIL \_\_\_\_\_

ORGANIZATION (if applicable) \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**AREA REQUESTED:**

\_\_\_\_\_ Small Conference Room \_\_\_\_\_ Gym  
 \_\_\_\_\_ Large Conference Room \_\_\_\_\_ Other (please describe)  
 \_\_\_\_\_ Multi-purpose Room

**SPECIAL ACCOMMODATIONS:**

**Circle One**

Does your event include carnival games? Yes No  
 Does your event include a bounce house? Yes No  
 Does your event include pony rides? Yes No  
 Does your event include displays? Yes No

**DESCRIBE SECURITY TO BE PROVIDED BY APPLICANT** (attach security contract and insurance certificate upon request)

**THE PERSON(S) TO WHOM A PERMIT IS ISSUED SHALL BE LIABLE FOR ANY LOSS, DAMAGE, OR INJURY SUSTAINED BY ANY PERSON BY REASON OF THE NEGLIGENCE OF THE PERSON OR PERSONS TO WHOM SUCH A PERMIT SHALL HAVE BEEN ISSUED. THE DIRECTOR MAY REQUIRE SUCH PUBLIC LIABILITY INSURANCE AS HE DEEMS TO BE IN THE BEST INTEREST OF THE CITY.**

I have read the Department of Recreation, Parks & Open Space Recreation Facility Rental Regulations and agree and accept their terms.

APPLICANT'S NAME (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

RECREATION SUPERVISOR/FACILITY MANAGER \_\_\_\_\_ DATE \_\_\_\_\_  
 DIVISION HEAD \_\_\_\_\_ DATE \_\_\_\_\_  
 SUPERINTENDENT OF RECREATION & YOUTH SERVICES \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE:**

**Any discrepancy between this application and the actual event will be cause for future denial of facility use, and additional fees will be assessed.**