



Date: _____

Organization Name: _____ Organization type: Choose an item.

Address: _____

Contact Name: _____ Contact Phone: _____

Contact E-mail: _____

Park: _____ Park Address: _____

Facilities to be used:

Rooms Choose an item. Athletic Fields Choose an item. Gymnasium Choose an item. Outdoor Space Choose an item.

Purpose: (Please also include any other park resources requested)

Expected # of Participants _____

Ages 0-5 ___ Ages 6-12 ___ Ages 13-17 ___ Ages Adult ___ Ages Family ___

Start Date of Use: _____ End Date of Use: _____

Days of Week:

Sun Start _____	Mon Start _____	Tues Start _____	Wed Start _____
End _____	End _____	End _____	End _____

Thu Start _____	Fri Start _____	Sat Start _____
End _____	End _____	End _____

Total Hours of Use: _____

(Enclose detailed schedule if needed)

Will the event have more than 500 attendees?
___ Yes ___ No ___ Uncertain

Will there be live animals at the event?
___ Yes ___ No ___ Uncertain

Will there be alcohol at the event?
___ Yes ___ No ___ Uncertain

Do you plan to serve home cooked food at the event?
___ Yes ___ No ___ Uncertain

CPD Total Rates (to be completed by Park Supervisor)

Hourly rate x Number of hours per day x Total number of days