



CHAPEL HILL PARKS AND RECREATION DEPARTMENT

200 PLANT RD • CHAPEL HILL, NC 27514 • VOICE/TTD: (919) 968-2784 • FAX: (919) 932-2923

FACILITY RENTAL REQUEST

Name _____ Today's Date _____

Address _____
street city state zip

Home phone _____ Work Phone _____ Cell Phone _____

Email address _____

PLEASE Indicate where you live: Within Chapel Hill town limits Within Carrboro town limits Within Orange County Other

FEES: Fees are based on residency (residents are persons living in or owning property in Orange County or Chapel Hill town limits). FEES ARE DUE WITHIN 2 WEEKS OF RENTAL APPROVAL. Additional staff, lights and field prep fees may apply. A \$100 damage deposit is required.

RENTAL REQUEST: Include set up and tear down time in your request; a staff person will notify you regarding availability, approval, fees & payment.

FACILITY NAME	DATE	DAY OF WEEK	START TIME	END TIME

RESERVATION DETAILS:

1. What is the purpose of your rental? _____ How many people will attend? _____

2. Is this a public event? No Yes If this is a public event, how will you promote it? _____

3. Will you bring equipment or collect money? If yes, please provide details _____

4. Will you need tables and chairs (Community Ctr., Hargraves and Northside meeting rooms only)? No Yes

Tables needed _____ Chairs needed _____ (Tables and chairs are provided based on availability; you are responsible for set up and tear down. Community Ctr: up to 8 tables, 50 chairs; Hargraves Ctr: up to 20 tables, 150 chairs, Northside Meeting Rm: up to 5 tables, 50 chairs)

5. If you will be using decorations, please describe them here. _____

Please see our User Fee Policy for a complete listing of rental policies. If you answered YES to one or more of the questions above, you may be required to complete a Special Event Application.

I certify that I am authorized to act for the above named applicant and that said applicant will be responsible for any and all damages to the equipment or facility, or any injuries that occur while it is used by the applicant, and that the charges as stated will be paid. I further certify that the requested equipment and/or facility will be utilized strictly in accordance with the above stated purpose and type of activity to be conducted, and in accordance with Chapel Hill Parks & Recreation User Fee Policies. I have read and agree to abide by all policies pertaining to facility rentals. **If I am renting an athletic field, I acknowledge having received a Field Rental Lease Agreement, and agree to abide by its terms and policies.**

I understand that cancellations must be made in writing at least 7 days prior to rental date, and that a \$10 processing fee will be charged.

Applicant Signature _____

Date _____