Chapel Hill Parks and Recreation Department
Facility Reservation Request

Name ___________________________    Today’s Date _______________________

Address

Street    Apt.    City    State    Zip

Phone #1 ___________________________  Phone #2 ___________________________  Email address ___________________________

Where do you live?  O  Within Chapel Hill town limits  O  Within Carrboro town limits  O  Within Orange County  O  Other

PLEASE LIST THE FACILITY, DATE AND TIME YOU ARE REQUESTING:
Include set up and tear down time in your request; rentals are only for the specific facility indicated and do NOT include other areas of the facility.

<table>
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<th>FACILITY NAME</th>
<th>DATE</th>
<th>DAY OF WEEK</th>
<th>START TIME</th>
<th>END TIME</th>
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FEES ARE DUE UPON RENTAL APPROVAL. Fees are based on residency status (residents are persons living in or owning property in Orange County or Chapel Hill town limits). Additional staff, lights and field prep fees may apply. A $100 damage deposit may be required.

RESERVATION DETAILS: Please see our User Fee Policy for a complete listing of rental policies.
1. What is the purpose of your event? ___________________________  How many will attend? ___________________________
2. Is this a public event and/or will you promote it?  NO  YES  If yes, please give details ___________________________
3. Will you bring equipment or collect money?  NO  YES  If yes, please give details ___________________________
4. Will decorations be used?  NO  YES  If decorations are used, what kind? ___________________________
5. Tables and chairs may be available at these 3 indoor locations only: the Community Center (8 tables/50 chairs), Hargraves Auditorium (15 tables/100 chairs), or Northside meeting room (5 tables/45 chairs). You will be responsible for set up and tear down. If available, how many will you need?  Tables: _____  Chairs: _____

This application serves as a request for a rental. 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. Alcohol, firearms and tobacco are strictly prohibited at Parks and Recreation parks, greenways, facilities and all Town property. Cancellations must be made in writing at least 7 days prior to rental date, and that a $10 processing fee will be charged. I have read and agree to abide by all policies pertaining to facility rentals.

_________________________________________  ________________________________
Applicant Signature  Date

Register online: www.chapelhillparks.org
For more information, call (919) 968-2784
Email chparks@townofchapelhill.org