



**CITY OF PORT ORANGE PARKS & RECREATION DEPARTMENT
 ATHLETIC FACILITY USE REQUEST
 4655 CITY CENTER CIRCLE, PORT ORANGE, FLORIDA 32129
 GYM (386) 506-5851 FAX (386) 756-5351
 Revised 9/3/08**

Today's Date: _____

Facility Requested: _____ Date Requested: _____

Name of Organization: _____

Responsible Person: _____ Title: _____

Address: _____ Phone: _____

Hours Requested: (please include set up and tear down times) From _____ To _____

Estimated attendance _____

Brief description of function: (i.e. birthday party, meeting etc.) _____

Are you charging an admission fee to attend function? Yes or No. Amount \$ _____

Are you charging any other type of fee? (i.e. vendor set up, booth space?) Yes or No

What will the funds be used for? _____

What is the estimated revenue? \$ _____ Will food served? _____

Do you have special equipment or arrangements required? (i.e. stage set up, power requirements etc.) _____

Revised 9/3/08

**PORT ORANGE PARKS AND RECREATION DEPARTMENT
 FACILITIES RENTAL POLICY**

All facility rental requests must be received at least 3 days prior to rental and reservations will not be made in excess of 120 days prior to rental. The Port Orange Parks and Recreation Department's programs and City Wide Programs will have first priority of all facilities.

Rental fees must be paid at time of application.

** It will take 10 working days to receive refunds of security deposits on all rentals**

ATHLETIC FACILITY USE AGREEMENT

I have read the policy regarding the use of recreational facilities and will be responsible for the facility being clean, orderly; participants will conduct themselves in an orderly manner and that no alcohol or intoxicating beverages will be allowed on premises. I have affirmed that our group assumes all responsibility and that no claim or demand will be made against the City on account of any accident or injury occurring during the use of the above facility and agree to indemnify and hold the City harmless from any claim, demand or damages on account of such accident or injury during use of above facility.

 Signature of Responsible Person

 Department Representative

Total Charge \$ _____ Security Deposit \$ _____ Receipt # _____

Late Charge \$ _____ Date Deposit Returned **Fees** _____ Deposit Forfeited _____

Athletic Facilities

Facility	First 2 Hrs	Each Additional Hr.
Gymnasium full court Recreation Staff	50	25
Scoreboard and operator	30	15
Ball Fields (1 baseball or 1 Soccer) W/O lights	30	15
Ball Fields (1 baseball or 1 Soccer) With lights	40	20

Staff Comments _____

	Per Hour
Tennis/ racquetball Court (1 court) W/O lights	15
Tennis/ racquetball Court (1 court) With lights	25
Outdoor basketball court	25

Athletic Services

Field Prep (chalk or lined per field)	35
Athletic Concessionaire (food, decals, photos, etc.)	25% of net

FACILITY/ EQUIPMENT RENTAL CHARGES

FACILITY	RENTAL HOURS	RENTAL RATE	SUB TOTAL	SALES TAX	SECURITY DEPOSIT	TOTAL
1.						
2.						
3.						
4.						

Grand Total \$ _____