

Douglas County Parks and Recreation Department

APPLICATION for USE of DCPR FACILITY

USER INFORMATION *(Please print all information.)*

Today's Date: _____

Name of responsible person reserving facility: _____

Name of Organization (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Daytime Phone Number: _____

Are you (the user) a citizen of Douglas County? _____ City of Douglasville? _____

Official President/Chairman
or CEO of user Organization: _____ Daytime Phone: _____

FACILITY INFORMATION *(Please be specific)* **(READ THE FACILITY USE AGREEMENT)**

Facility Requested: _____ Date of Requested Use: _____

Times of Use *(includes set-up and removal)*: _____ thru _____

Targeted Age Group: _____ Expected Total Attendance: _____

Purpose of Use: _____

WE CAN NOT GUARANTEE A SPECIFIC NUMBER OF TABLES & CHAIRS.

If you need a large number of tables and chairs you should make separate and specific arrangements.

Will refreshments or a meal be served? _____ Please list name of approved caterer, if applicable.

Caterer's Name: _____ Phone #: _____

Please list any equipment you, the User, wish to bring in: _____

Do you need the use of Electrical Outlets? Yes () No () For what: _____

USER SIGNATURE: _____ DATE: _____

Printed name of the person making this application: _____

OFFICE USE ONLY: **FACILITY USE PERMIT NUMBER:** _____

DCPR staff receiving this application: _____ Date received: _____

Application reviewed & approved by: _____ Date approved: _____

Deposit Paid: _____ Date: _____ Check #: _____ Rec1 Transaction #: _____

Rental Fee Paid: _____ Date: _____ Check #: _____ Rec1 Transaction #: _____

Reservation entered on Rec1 Calendar by: _____ Date entered: _____