

Douglas County Parks and Recreation Department

APPLICATION for USE of DCPR FACILITY

USER INFORMATION *(Please print all information.)*

Application 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, CEO or Registered Agent
of user Organization: _____ Daytime Phone: _____

Is this organization registered with the Secretary of State as a not-for-profit organization: _____

Will this activity/event generate revenue for the organization and if so what will the proceeds be used for:

(As a condition of use the organization may be asked to provide a financial statement showing the distribution of proceeds from this specific activity)

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

Location Requested: _____ Date of Requested Use: _____

Specific Facility requested: _____ *(Identifying Number or name)*

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

Targeted Age Group: _____ Expected Total Attendance: _____

Purpose of Use: _____

(If you are requesting the use of athletic facilities please complete the reverse side of this form)

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: _____

This is a two (2) sided form
PLEASE SEE THE REVERSE

**PLEASE PROVIDE THE FOLLOWING INFORMATION
IF YOU ARE ASKING TO USE ATHLETIC FACILITIES**

Name of the Location: _____

Field Number(s) Requested: _____

Base Distances: _____ Pitching distance: (to rubber) _____

How many teams do you expect to participate: _____

Type of Tournament: _____
(e.g. – double elimination; single elimination; round robin; pool play, etc.)

**THE FACILITY OR LOCATION IS NOT RESERVED AND
THE EVENT OR ACTIVITY IS NOT APPROVED AND
SHOULD NOT BE PUBLICIZED
BEFORE A TRANSACTION ID / PERMIT NUMBER HAS BEEN ISSUED**

OFFICE USE ONLY: TRANSACTION ID / FACILITY USE PERMIT NUMBER: _____

DCPR staff receiving this application: _____ Date received: _____

Application reviewed & approved by: _____ Date approved: _____

Deposit Paid: _____ Date: _____ Check # : _____

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

Reservation entered on Calendar by: _____ Date entered: _____

STAFF NOTES:

