



FACILITY RESERVATION FORM

The following application is required of any person or group wishing to reserve use of City of Fulton Parks & Recreation facilities. It must be submitted in writing, in advance, to the Parks & Recreation Department to be approved. Payment of any fees is due in full at the time the reservation is made. Make checks payable to: City of Fulton Parks & Recreation.

Applicant Name: _____ Group/Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Day Phone: (____) _____ E-Mail: _____
Facility Name _____
Date Requested: _____ Start Time: _____ End Time: _____

The above facility has been reserved by the individual and/or group stated above. The undersigned, as representative of the group stated above agrees to be responsible for supervision of and for the people present. In addition, assumes full responsibility for any damage(s) which may result to property, any liability of participant and the purchase of required permits.

Signature of Applicant _____ Date: _____

Please submit a brief description of the event:

Using the list below, please check all items that best describe your event:

- | | | |
|--|---|---|
| <input type="checkbox"/> Athletic Event | <input type="checkbox"/> Birthday Party | <input type="checkbox"/> Small Party or Gathering |
| <input type="checkbox"/> Work/Group Picnic | <input type="checkbox"/> Wedding | <input type="checkbox"/> Family Reunion |

Please check all that apply to your event:

- Event involves amplified music & will require a Noise Permit;
- Event will require an Alcohol Permit;
- Event will likely attract more than 200 people;
- Charitable and/or fundraising event;
- Event requires the use of temporary structures/facilities such as tents, canopies, portable toilets, etc. (any such costs are the responsibility of the host group or individual);
- Event will necessitate the use of grounds or facilities in a manner other than their specific recreational use.
- General public is invited or notified by mail.

**** Park Restrooms will be closed from October 1 – April 1. Additional facilities may be closed throughout the year for maintenance. ****

For office use only:

Restrictions indicated here: _____

Maintenance items required for this event: _____

TOTAL FEES: \$ _____ BALANCE DUE: \$ _____ DEPOSIT RECEIVED: \$ _____

Application: APPROVED REJECTED Permits Required: _____ Noise _____ Alcohol _____ Special Use

Received by: _____ Date: _____ Approved by: _____ Date: _____