

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? ☐ Within Chapel Hill town limits ☐ Within Carrboro town limits ☐ Within Orange County ☐ Other

PLEASE LIST THE FACILITY, DATE, AND TIME YOU ARE REQUESTING:

Include setup and teardown time in your request; rentals are only for the specific facility indicated and do NOT include other areas of the facility.

FACILITY NAME	DATE	DAY OF WEEK	START TIME	END TIME

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 setup and teardown. If available, how many will you need? Tables: _____ Chairs: _____
6. Inflatables are not allowed at Town parks and facilities to include portable/inflatable kiddie pools.
7. Political campaign activities and candidate events are not allowed. (i) Political parties holding annual or biennial precinct meetings and county and district conventions are allowed. (ii) Town Hall events are allowed by elected officials; however, these cannot include political campaign activities.

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 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 the rental date, and a \$10 processing fee will be charged. I have read and agree to abide by all policies pertaining to facility rentals.**

Applicant Signature _____

Date _____



PARKS AND RECREATION
www.chapelhillparks.org

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