



FACILITY USE PERMIT APPLICATION
COMMUNITY SERVICES DEPARTMENT
 110 East Irwin Ave., Buckeye, AZ 85326
 (623) 349-6350 Fax (623) 349-6630

APPLICANT INFORMATION

Applicant Full Name: <small>(First, Last Name)</small>		Date of Birth: <small>(Proof of Age)</small>
Organization Name:		Estimated # of Attendance:
<input type="checkbox"/> Non-Profit <input type="checkbox"/> Resident <input type="checkbox"/> Corporation <input type="checkbox"/> Community Based Org. <input type="checkbox"/> Profit <input type="checkbox"/> Non-Resident <input type="checkbox"/> Government/School OR <input type="checkbox"/> Non-Community Based Org.		
Mailing Address:		City/State/Zip:
Phone Number:	Cell Number:	Email:

FACILITY REQUEST:	<input type="checkbox"/> Aquatic Center <input type="checkbox"/> Bayless Park <input type="checkbox"/> Community Center <input type="checkbox"/> Library - Coyote <input type="checkbox"/> Group <input type="checkbox"/> Resident
	<input type="checkbox"/> Earl Edgar Park <input type="checkbox"/> Kell Park <input type="checkbox"/> Sundance Park <input type="checkbox"/> Library - Downtown
	<input type="checkbox"/> Skyline Park <input type="checkbox"/> 6 th St. Plaza <input type="checkbox"/> Town Park <input type="checkbox"/> Helzapoppin' Arena

DATE REQUEST:	<input type="checkbox"/> One-Time Use Day/Date: _____ Rental Purpose: _____ <small>(please include description of activities and events planned)</small>
	<input type="checkbox"/> Multiple Dates Use <small>(Must Attach Schedule)</small> Days/Dates: _____ / _____ Rental Purpose: _____ <small>(please include description of activities and events planned)</small>

TIME REQUEST:	Start Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. End Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	Start Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. End Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <small>(Please include all set-up & tear down times)</small>

AMENITIES:

<input type="checkbox"/> Field 1	<input type="checkbox"/> Field 2	<input type="checkbox"/> Field 3	<input type="checkbox"/> Field 4	<input type="checkbox"/> Field 5	<input type="checkbox"/> Field 6
<input type="checkbox"/> Ramada 1	<input type="checkbox"/> Ramada 2	<input type="checkbox"/> Ramada 3	<input type="checkbox"/> Ramada 4	<input type="checkbox"/> Ramada 5	<input type="checkbox"/> Class Rm
<input type="checkbox"/> VB Court 1	<input type="checkbox"/> VB Court 2	<input type="checkbox"/> VB Court 3	<input type="checkbox"/> VB Court 4	<input type="checkbox"/> Multi-purpose Rm	<input type="checkbox"/> Campsite
<input type="checkbox"/> Zero Depth Only	<input type="checkbox"/> Zero Depth & Slide	<input type="checkbox"/> Deep End Only	<input type="checkbox"/> Diving Well Only	<input type="checkbox"/> Event Lawn (6th St Plaza/Sundance)	

Do you plan to use an inflatable and/or generator? Yes No If yes, please include certificate of insurance.

Do you plan to have amplified sound? Yes No If yes, sound shall not disrupt, interfere or distract other park users.

EQUIPMENT REQUEST: (if any) _____ (i.e., tables, chairs, etc.) Quantity: _____ (fees may apply)

REQUESTS: Beer Permit Scoreboard(s) Field Prep(s) w/Lights (Day/Times): _____

CONCESSION STAND: *Does your organization desire the concession stand to be open and operated by City staff?*
(Based on availability, not guaranteed, staff fees may apply) Yes No

WAIVER CERTIFICATION & USE ACKNOWLEDGMENT

Renter shall indemnify, defend, and hold harmless the City of Buckeye, its officers, employees, and agents from any and all losses, costs, expenses, claims, liabilities, actions, or damages, including liability for injuries to any person or persons or damage to property arising at any time during and/or arising out of or in any way connected with Renter's use or occupancy of the Facility and adjoining property, unless solely caused by the gross negligence or willful misconduct of the City of Buckeye, its officers, employees, or agents. I acknowledge that I am familiar with and will abide by all parks rules and policies. Facility availability is subject to change at any time by City staff. Failure to abide by the rules set forth in this agreement and any applicable rules set forth in City Code (found at www.buckeyeaz.gov) may result in suspension or termination of rights to use city facilities.

Applicant Signature: _____ **Date:** _____

For office use only: <input type="checkbox"/> Approved <input type="checkbox"/> Beer Permit (Age Verified) <input type="checkbox"/> Denied <input type="checkbox"/> Designation/Priority Use: <input type="checkbox"/> Category 1	Attachments: <input type="checkbox"/> Schedule <input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4 <input type="checkbox"/> Category 5 <input type="checkbox"/> Category 6	Staff Initials: _____ Date Received: _____ <input type="checkbox"/> Paid <input type="checkbox"/> Deposit \$ _____ <input type="checkbox"/> Inflatable <input type="checkbox"/> DJ/Music <input type="checkbox"/> Scheduled Master Calendar
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