

**SMYRNA PARKS AND RECREATION DEPARTMENT
REQUEST FOR USE FORM**

DATE OF APPLICATION _____ NUMBER ATTENDING _____

GROUP/ORGANIZATION OR INDIVIDUAL _____

PHYSICAL ADDRESS _____ CITY _____ ST _____

TYPE OF EVENT (DESCRIBE) _____

IS THIS EVENT BEING PUBLICLY ADVERTISED? _____ IF SO, HOW? _____

DATE OF EVENT _____ TIME OF EVENT START _____ END _____

PARK AND AREA REQUESTED _____ SECOND CHOICE _____

CONTACT NAME _____ PHONE NUMBER _____

SECONDARY PH NUMBER _____ PAGER _____ CELL PH _____

WHAT DO YOU NEED FROM US? EX. ELECTRICITY, EXTRA BARRELS ETC.
(PENDING APPROVAL – MAY BE A CHARGE)

ARE YOU CONTRACTING WITH A SPECIAL EVENT/CATERING COMPANY? IF SO WHO?

LIST ITEMS BEING BROUGHT IN BY SPECIAL EVENT CO. _____

LIST ITEMS, OTHER THAN FOOD, BEING BROUGHT IN BY YOU. EX. SOFT PLAYGROUNDS, TENTS,
EXTRA TABLES ETC, ETC. BE **VERY SPECIFIC.**

**NOTE: CERTIFICATE OF INSURANCE MAY BE REQUIRED, DEPENDING UPON THE ITEMS YOU
BRING TO THE PARK, FROM YOU OR YOUR VENDOR.**

ALL REQUESTS SHOULD BE SUBMITTED 30 DAYS PRIOR TO USE

This is to confirm that the above entity making this facility request will assume all legal and financial liability
for guests and property during the use of city owned property.

Signature _____ Date _____

FOR DEPARTMENT USE ONLY

PARKS DEPARTMENT APPROVAL _____ DATE _____
(DIRECTOR/SCHEDULER)

DELIVERY DATE/TIME _____ P/U DATE/TIME _____

CONDITIONS _____