



NEW KENT COUNTY FACILITY REQUEST FORM



PLEASE RETURN ALL FORMS TO:
New Kent County, Department of Parks and Recreation
P.O. Box 50, New Kent, VA 23124
(804) 966-8502

Please Complete the Following

Organization Submitting Request _____

Address _____
(Street) (City) (State) (Zip Code)

Contact Name _____ Date of Application _____

Daytime Phone () _____ Ext. _____ Evening Phone () _____

Please Complete One Form for Each Site Requested

Site Requested: _____ Facility Requested: _____
(Gymnasium, Class Room, Field)

If requesting a cafeteria, will you be serving food? Yes No Will you be preparing food? Yes No

Dates Needed: FROM ___/___/___ TO ___/___/___
(Month/Day) (Month/Day) Planned Activity: _____

Specific Days and Times for Dates listed above: Items Needed: Pots/Pans/Utensils Grill/Oven Piano
 Monday _____ to _____ Thursday _____ to _____ Microphones (how many? _____)
 Tuesday _____ to _____ Friday _____ to _____ Ice Maker Podium Other
 Wednesday _____ to _____ Saturday _____ to _____
 Sunday _____ to _____

CANCELLATION POLICY: Please be advised that no-shows will be assessed a fee of one (1) hour per custodian.
A minimum of 24-hours notice is required on all cancellations to avoid being assessed this penalty.

Please Read Carefully Before Signing

The undersigned hereby accepts full responsibility for liability for any property damage to school facilities that may occur during the period of use by this organization. The organization represented by the undersigned is non-discriminatory as to membership of the organization. The undersigned further certifies that a copy of the Facilities Use Regulations of New Kent County has been received and agrees to comply with all applicable provisions of those regulations. The undersigned represents that he/she has authority to bind the organization he/she purports to represent. The individual and/or organization agrees to hold New Kent County and the School Division harmless from any damage or claims arising from the action of the permit holder, his/her employees, or patrons while the facility is in use.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY:

Certificate of Insurance Provided _____ Rental Fee (if applicable) _____

Special Conditions Imposed by County or School Official: _____

This authorizes the above organization to use the facility as indicated. The applicant should carry this form in person during said event.

(Authorized County Signature) _____ (Title) _____ (Date) _____

(Authorized School Signature) _____ (Title) _____ (Date) _____