

DOVER PARK COMMUNITY CENTER FACILITY RENTAL APPLICATION

Note: 15 business days are required to process rental application.

All applications will be reviewed by the Recreation Center Coordinator, Parks & Recreation Director and the Chief of Police prior to approval.

A. GENERAL APPLICANT INFORMATION

Todays Date: _____

Organization (If applicable): _____

Email: _____

Contact Name: _____
(Must be at least 21 years of age)

Home Phone: _____

Mailing Address: _____

Work Phone: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

B. DPCC CENTER FACILITY REQUESTED

See Facility Rental Policies and Procedures Handbook for Rental Rates/Hours.

- ☐ **Multi-Purpose Room**
\$35 /hr (Mon-Fri 8:00a to 4:00p)
\$50 /hr (All other hours)
Reservation must end at 8:00 p

Spray Pad is not included in reservation

C. GENERAL EVENT/FUNCTION INFORMATION

Name/Nature of Event: _____
(A description of the event or name of event)

Proposed Date(s) of Event: _____

Starting Time: _____ Ending time: _____ Estimated Attendance: _____
(Including set-up time) (Including clean-up time)

SNAP SHOT

➤ Will your event be publicized and/or open to the public? YES NO

➤ Will you be serving Food? YES NO

I, as an official representative of the organization and/or event identified in this application, and whose name appears on this application as the contact for said event, by signing below verify that the information contained in this application is true and accurate to the best of my knowledge, and that I have read and understand the policies pertain to rental of City facilities.

SIGNATURE: _____

DATE: _____

By signing this application, the contact person for this event is verifying that all information contained in this application is true and accurate to best of their knowledge.

C. DAMAGE and/or EXTRA CLEAN-UP

Should your activity cause excess cleaning or repair to the Permitted area, as determined by the City of Dover, you will be responsible for all fees incurred for cleanup and repair. The City will notify you with the cost prior to charging the account.

OFFICE USE ONLY

Date Received: _____ Deposit: \$ _____ Policies Acknowledge Received: Y N

Rental Charge: \$ _____ @ _____ hrs = \$ _____ Total Rental Payment: \$ _____

Any Additional Charges: _____

Approved _____ Denied _____ Coordinators Signature: _____ Date: _____