

DORAVILLE REQUEST FOR FACILITY USE

Return completed form to:

Forest Fleming Arena • 3037 Pleasant Valley Rd. • Doraville, GA 30340

NAME of Organization or Individual – Please print. _____							Responsible party within City limits? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Address					City			Zip Code		
Phone1				Alt. Phone						
Contact Person:			Cell Phone			Business Phone				
Nature and purpose of Event:										
Date(s) of Event:		M	M	D	D	Y	Y	Y	Y	Venue: <input type="checkbox"/> Civic Ctr <input type="checkbox"/> Gym <input type="checkbox"/> Pavillions <input type="checkbox"/> Fields <input type="checkbox"/> Pool
One time Rental <input type="checkbox"/>		Recurring Event: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually Other _____								
Will the organization charge an admission or registration fee: <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____										
Is the event open to the Public <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, on what basis?										
Time of Event :(Number of hours needed) _____ Time Event scheduled to begin: _____ am _____ pm Time event scheduled to end: _____ am _____ pm *Note: Facilities are available one hour prior to your scheduled event and all events/activities must be completed by 11:00pm.					Estimated number conducting/participating in event : _____ Estimated number of guest/spectators: _____ Other (explain): _____ _____ _____					
*No alcoholic beverages or other illicit drugs shall be brought into, served or sold at our facilities.										

INSURANCE INFORMATION

Does the organization carry liability and personal injury insurance that will cover all participants and spectators in the programs/events listed above?

YES NO. Provider Name: _____

***Note:** Requests for athletic events cannot be considered unless the sponsoring organization can provide a Certificate of Insurance naming Doraville Recreation Department as an additional named insured for the event.

Briefly describe services, equipment needed, if any, for the following areas:

Number of: Tables _____ Chairs _____ Kitchen/Concession Area: YES NO

Others (please be specific): _____

***Note:** Clean up consist of the gymnasium, restrooms, hallways, classrooms, and concession area. The Facility must be cleaned of all debris on floors (by sweeping and mopping) and all trash in trash containers must be taken out after event.



_____ I understand that my organization will be responsible for any damages resulting from its use of Doraville Facilities.

