



# Town of Parker

1314 -11<sup>th</sup> St Parker, AZ 85344  
PH 928-669-9265 Fax 928-669-5247

## Park Facility Usage Permit Application

All Park Facilities are on a first come first served basis.

Facility Use Date \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Applicant's name: \_\_\_\_\_ Anticipated number of participants: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Additional phone #: \_\_\_\_\_

### Requested Area of Use - (Circle all areas that apply)

Western Park:	Ramada	Grass Area	Aaron Hill Field
Pop Harvey Park:	BBQ Area	Gazebo	Volleyball Court
Splash Area	Kite Shade	Canopy Shade	Horseshoe Pit

City Baseball Field: Mounds will remain up unless a one (1) week notice is given before use date. Lining of fields, Bases and cleanup will be the responsibility of applicant. The Town of Parker will prep only (1) time prior to a pre-scheduled event.

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Special Equipment Requested, if any: \_\_\_\_\_

Sprinklers: \_\_\_\_\_ ON \_\_\_\_\_ OFF Lights: \_\_\_\_\_ ON \_\_\_\_\_ OFF

Restroom Request: \_\_\_\_\_ OPEN \_\_\_\_\_ NO **Please note: Restrooms (port-a-potty) must be provided by the reserving party should group attendance be over fifty (50) persons.**

**All food for sale or give away MUST be approved buy the La Paz County Health Department. Contact Dave Boatwright, Sanitarian Aide (928) 669-1100 or (928) 916-3579 for further information.**

I have read the Rules and Regulations for the above listed Town of Parker Facility and I will personally be present and responsible for this above activity. I am aware proof of a One Million (\$1,000,000) Dollar Insurance Bond, naming the Town of Parker as additionally insured may be required at least fifteen (15) working days before this event can be allowed

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Town of Parker Use Only

Do not write below this line

Application approval: \_\_\_\_\_ Refusal: \_\_\_\_\_, Reason for Refusal. \_\_\_\_\_

Electrical Charge: \_\_\_\_\_ Equipment Charge: \_\_\_\_\_ Cleaning Deposit: \_\_\_\_\_

Due: \_\_\_\_\_ Bond Required: \_\_\_\_\_ YES \_\_\_\_\_ NO

Items waived: \_\_\_\_\_

by: \_\_\_\_\_ Supervisor's Approval \_\_\_\_\_ 3/1/13

Total Fees

Work done