



Town of Parker

1314 -11th 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 No assurance if application is received after 12:00 noon.

Western Park:	Ramada	Grass Area	Basket Ball Court
Pop Harvey Park:	BBQ Area	Gazebo	Volleyball Court
	Kite Shade	Canopy Shade	Horseshoe Pit

***Splash Pad shall remain open to public**

Baseball Fields: 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 _____ Aaron Hill Field _____

Special Equipment Requested, if any: _____

Restrooms: ___ OPEN ___ CLOSED Sprinklers: ___ ON ___ OFF Lights: ___ ON ___ OFF

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 by 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: _____		Total
Fees Due: _____	Bond Required: _____ YES _____ NO			
Items waived: _____				

Work done by: _____ Supervisor's Approval _____
 Updated: 6/21/15