



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 #: _____

Requested Area of Use No assurance if application is received after 12:00 noon.

| | | | |
|---|---------------------|---------------------|-------------------------------|
| Western Park: | Ramada | Grass Area | Volleyball / Basketball Court |
| Pop Harvey Park: | Gazebo | Volleyball Court | Horseshoe Pit |
| * Splash Park: | Kite / Canopy Shade | BBQ Canopy / Agency | BBQ Canopy / Mohave |
| *Splash Pad shall remain open to public other _____ | | | |

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 _____ Commission Stand _____

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 buy the La Paz County Health Department. Contact: Sanitarian Aide (928) 669-1100 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 _____ 5/2017