

**CITY OF ASTORIA PARKS AND RECREATION
FACILITY USE APPLICATION-PERMIT**

PLEASE PRINT INFORMATION CLEARLY

Applicant: _____ Email: _____

Organization: _____ Non-Profit: Yes No Tax ID: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____

Facility/Park/Room/Field Requested: _____

Kitchen Requested? Yes No

Type of Event: _____ Day(s) of week: Su M T W Th F S

List exact dates of use: Jan _____ May _____ Sep _____
Feb _____ June _____ Oct _____
Mar _____ July _____ Nov _____
Apr _____ Aug _____ Dec _____

Hours (MUST include set-up and clean-up time): Start _____ Finish _____
(Specify if a.m. or p.m. on times)

Anticipated attendance: _____ Will alcohol be served? Yes No

% City of Astoria residents attending: _____ Open to the public? Yes No

Admission Charged? Yes (\$) No Decorations? Yes No

Catered? Yes No If yes, by whom: _____

Equipment YOU will provide? (i.e., DJ sound system, etc.) _____

A lock box containing a key for access to the rental hall is located on site. An email will be sent to the renter with a key code 1-3 days prior to their scheduled event, and once all steps of the registration process are completed.

The undersigned, both individually and on behalf of the above named applicant, agrees to indemnify, defend and hold the City of Astoria and its officers, employees, and agents harmless and free from any liability of any nature, including but not limited to liability for damage or injury to any persons or property costs and attorney's fees arising out of or in connection with the use of City recreational facilities regardless of whether the City was actively or passively negligent, either solely or contributory in connection with such liability. I certify that we have received and read the Parks and Facilities Rules and Regulations. I, the undersigned, do hereby agree that we will abide by the policies governing the use of this facility and I will be responsible for cleanup, any damages to the facility, furniture, or equipment caused by the occupancy of our organization to the premises.

Signature: _____ Date: _____



APPLICATION APPROVAL

____ Approved ____ Denied ____ Initial

Comments: _____

Applicant notified of fees

Date(s) reserved for Applicant

ADDITIONAL REQUIREMENTS

Insurance? Y N Site Meeting? Y N
Security? Y N OLCC Permit? Y N

Other _____

Fees Due: \$ _____

Deposit: \$ _____

Total Amount Due: \$ _____

Date Paid: _____

Receipt No: _____

Other: _____

Approved by: _____