



**Facility Usage  
Application**

Recreation Building Rental \_\_\_\_\_ Recreation Building/Park Set Up \_\_\_\_\_

Park Set Up Only \_\_\_\_\_ Classroom Annex \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: (From) \_\_\_\_\_ (To) \_\_\_\_\_

Group/ Organization: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Number of Attendees Anticipated: \_\_\_\_\_

Person Responsible: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I wish to have the security deposit, minus any deductions, returned to me upon conclusion of the event: (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

(If yes, deposit will be returned, via mail, on the Town's next check run. If no, deposit will be deposited into the Town's account and can be used for future rentals. The applicant must then request, in writing, the return of the deposit.)

I have read the Policies and Rules for Leland Recreation Facility Reservations and agree to all requirements therein. I hold the Town of Leland free and harmless from any and all liability on account of injury to any person(s) or damage to or loss of any property(ies) directly or indirectly resulting from any activity sponsored or conducted by my organization and myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| For Office Use Only                                       |                            |                      |
|---|----------------------------|----------------------|
| Key Received (Date): _____                                | Renter's Initials: _____   |                      |
| Key Returned (Date): _____                                | Authorized Initials: _____ |                      |
| Security Deposit Check # _____                            | Amount: _____              | Date Received: _____ |
| OK to Return Deposit to Renter Authorized Initials: _____ |                            |                      |