



**Facility Usage  
Application**

Recreation Building \_\_\_\_\_ Recreation Building with Park Set Up \_\_\_\_\_

Sturgeon Creek Park Picnic Area/Event Lawn \_\_\_\_\_ Conference Room \_\_\_\_\_

Westgate Park Outdoor Classroom \_\_\_\_\_

Other ( \_\_\_\_\_ ) \_\_\_\_\_

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

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

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

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

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

Drivers License Number: \_\_\_\_\_

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

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

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 been provided a copy of the Leland Facility Usage Policy and Rules: (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

OVER

I have read the Leland Facility Usage Policy and Rules agree to all requirements therein. I hold the Town of Leland free and harmless from any and all claims and liability of any kind whatsoever 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

For Office Use Only		
Requires Town Manager Approval?	No _____ Yes _____	Manager's Signature _____
Leland Resident?	Yes _____ No _____	
Security Deposit: (Check/Cash/Card) _____	Amount: _____	Date Received: _____
Building Rental Fee: (Check/Cash/Card) _____	Amount: _____	Date Received: _____
Key Received (Date): _____	Renter's Initials: _____	
Key Returned (Date): _____	Authorized Initials: _____	
OK to Return Deposit to Renter	Authorized Initials: _____	Amount to be Refunded: _____ Vendor Number: _____