



**Facility Usage
Application**

Recreation Building _____ Recreation Building with Park Set Up _____

Cypress Cove 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: _____