

APPLICATION to RESERVE A CITY PARK FACILITY or RECREATIONAL AREA

(Required for all groups of 50 or more persons)

1. Name of Requestor/Sponsor: \_\_\_\_\_

a. Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

b. Home address: \_\_\_\_\_

c. Phones: Home:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_

d. Place of Employment:

(1) Address: \_\_\_\_\_

e. Drivers License number: \_\_\_\_\_ State of issue: \_\_\_\_\_

2. Park facility or recreational area to be used: \_\_\_\_\_

a. Organization or group: \_\_\_\_\_

b. Date use requested: \_\_\_\_/\_\_\_\_/\_\_\_\_ Between hours of \_\_\_\_ and \_\_\_\_.

c. Information on "Contact person", if different from the individual above:

(1) Name: \_\_\_\_\_

(2) Home address: \_\_\_\_\_

(3) Phones: Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_

d. Number of persons who will attend the event: \_\_\_\_\_

3. Certification of the requesting individual/sponsor/requesting party, as applicable:

*"I hereby certify and acknowledge my understanding of terms, agreements, requirements and fees to use Bossier City park facilities or recreational areas. I further acknowledge that I understand and that NO WEAPONS, ALCOHOLIC BEVERAGES, OR OTHER CONTROLLED SUBSTANCES MAY BE BROUGHT INTO OR CONSUMED IN ANY CITY PARK, FACILITY, OR RECREATIONAL AREA. I ALSO UNDERSTAND THAT MY GROUP AND I ARE SUBJECT TO SEARCH, and if convicted for violating this law, the fine is \$500, or six months in jail, or both. I accept responsibility for the actions of all participants who attend the function for which I am seeking to use. I acknowledge that I am responsible to know and comply with City Ordinances applicable to use of the requested facility. "*

4. Falsifying Information:

*Any falsification of use of the park and facilities will result in my being barred from using any city park in the future.*

5. Admission Fees and Selling of Merchandise:

*No admission fees may be charged and there will be no selling of merchandise for fun raising or personal gain.*

Signature of requestor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. This Section to be completed by BPAR Staff:

Money received:\$\_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Credit Card \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Check/Money Order Number \_\_\_\_\_

Received by: \_\_\_\_\_ Date Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_