

**TOWN OF JAMESTOWN PARKS & RECREATION
FACILITY RENTAL AGREEMENT**

Effective: March, 2011

Application must be submitted 1 week prior to event.



Contact Information
 Sharen Apple
 Town of Jamestown
 PO BOX 848 - 301 E. Main St.
 Jamestown, NC 27282
 sapple@jamestown-nc.gov
 p-336.454.1138
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 Organization / Name _____
 Today's Date

 Mailing Address _____
 City _____
 Zip Code

 Home Phone _____
 Work Phone _____
 Cell Phone

 Reservation Date(s) *(Attach separate sheet if necessary)* _____
 E-mail Address

 Time Event(s) Begins _____
 Time Event(s) Ends

 Purpose of Rental _____
 Approximate # of People

I/We understand that I/we have read and understand the Facility Use Policy for the Town of Jamestown's Parks & Recreation Facilities. I/We understand that the Town of Jamestown does not insure my/our function; is not responsible for injury to persons using the premises under the terms of its application; nor for damage or loss of property brought onto the premises; that the Town of Jamestown shall be held harmless for any such injury; damage or loss resulting from the use of its property; including (but not limited to) any attorney costs and court fees. Furthermore, I/we agree to pay for any and all damages caused by this function. I/We have received and read the policies and regulations concerning the use of the facilities and agree to the provisions therein.

 Signature of Renter/Authorized _____
 Group Representative Date

 Printed Name of Renter/Representative

Check facilities to be rented:

Lights

Baseball Fields:

#1	#2	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Soccer Fields:

#1	#2	#3	#4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a

Other _____

Other _____

 Staff Approval _____
 Date

****Reservation not guaranteed without payment AND staff approval.****

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Soccer Fields: _____

Rate: _____ x Hours: _____ = Subtotal: \$ _____

Baseball Fields: _____

Rate: _____ x Hours: _____ = Subtotal: \$ _____

Other: _____

Rate: _____ x Hours: _____ = Subtotal: \$ _____

Staff: _____ x Hours: _____ = Subtotal: \$ _____

(Office Use Only)

Deposit Paid _____

Receipt # : _____

Rental Fee Paid: _____

Receipt # : _____

Deposit Return Date: _____

Total Amount Due: \$ _____

Make checks payable to: Town of Jamestown
PO Box 848
301 E. Main St.
Jamestown, NC 27282

****Public Liability Insurance will be furnished by applicant as follows****

A certificate of liability insurance which ***names the Town of Jamestown as an additional insured for an amount of no less than \$1,000,000*** must be provided to the Town of Jamestown.

CERTIFICATE ATTACHED _____ OR /ON FILE at TOWN HALL _____