

Facility Rental Application

Name: _____ Date of Birth: _____

Email Address: _____

Address: _____ State: _____

City: _____ Zip: _____

Phone Number: (____) _____

Emergency Contact Name: _____ Emergency Phone: (____) _____

Please check the shelter or facility you would like to reserve.

Park Shelters	Resident Fee	Non-Resident Fee
_____ Mike Chappell Park	\$20 / 3 hours	\$40 / 3 hours
_____ Lake Park	\$20 / 3 hours	\$40 / 3 hours
_____ McDonald Park	\$20 / 3 hours	\$40 / 3 hours
_____ Additional hour	\$7 / hour	\$10 / hour

Carolina Beach Recreation Center	Resident Fee	Non-Resident Fee
_____ Gymnasium, Game Room, & Activities Room	\$225 / 2 hours	\$275 / 2 hours
_____ Tiki Island Bounce House Inflatable	\$75 / 2 hours	\$100 / 2 hours

Important Notice: Carolina Beach Recreation Center Facility Rentals are available during established weekend hours. Options are Saturdays from 4:30 pm until 6:30 pm or Sundays from 10:30 am until 12:30 pm. Rentals are subject to staff availability. Facility Rentals are not confirmed until Facility Rental Application is completed and full payment is received.

Reservation Date: _____ **Time:** _____

In reserving a facility, I agree to assume the responsibility of having all members of my group adhere to the Town of Carolina Beach Ordinance, Chapter 11, Article V. Parks Ordinance and the Facility Application Guidelines.

I also agree to hold the Town of Carolina Beach harmless against any lawsuit, injury, damage or claim arising from said event(s) or function(s). In addition, I do accept the responsibility and liability for any damage, injury, or loss occurring from such function and use of the facility and do agree to make restitution and/or reparation accordingly.

Signature: _____ **Date:** _____

Office Use Only

Payment Type: _____ Staff Initial: _____ Date: _____ Amount of Payment: _____