

# City of Millville Facility Use Application

1. Facility Desired: \_\_\_\_\_

2. Name of Organization: \_\_\_\_\_

3. Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

4. Request is for:

A. Day(Check):    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

B. Date(s): \_\_\_\_\_

C. Arrival/Departure Time: \_\_\_\_\_ Arrive: \_\_\_\_\_ Depart: \_\_\_\_\_

D. Bathrooms:    Yes    No    N/A

E. Field Lights:    Yes    No    N/A

The undersigned has read and AGREES to see that the rules and regulations set forth in the Parks and Athletic Policy are strictly followed. Failure to adhere to any of the mentioned rules may result in loss of facility use and can result in a fine.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

.....  
*Office use only*

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Certificate of Insurance provided: Yes    No

Hold Harmless Signed: Yes    No

Payment Received: Yes    No

Payment Date: \_\_\_\_\_