

CITY OF HUNTSVILLE RECREATION SERVICES
JAYCEE COMMUNITY BUILDING/FAIRGROUNDS FACILITY USE APPLICATION

(To reserve facilities must be 21 or over. Contact must be 21 or over.)

Name of Group or Organization: _____

Activity: _____

Description of Activity (Dance, Dinner, Birthday Party, Luncheon, Sale, etc.): _____

Event Date(s): _____ Time(s): From: _____ To: _____

Setup/Cleanup day(s): _____ Time(s): From: _____ To: _____

Contact Person: _____ Title: _____

Address: _____
Street City State Zip

E-mail Address: _____ Telephone: _____
(Cell)

(Home)

(Work)

(FAX)

Please circle facility requested: Jaycee Community Building Fairgrounds/North Runway

Non-profit Organization: Yes: _____ No: _____] [If YES, provide a copy of your 501(c)(3) information]

Group Insurance? Yes: _____ No: _____ (Proof of coverage may be required. Some activities will require insurance.)

Will there be a fee charged for this activity? Yes _____ If yes, \$ _____ No _____

Is this activity open to the general public? Yes ___ No ___ Total No. of People Attending: ___ Adults ___ Children

Type of advertising used for the activity: _____
(Newspaper, Radio, TV, Flyers, Website, etc.)

Will any of the following be involved? Food _____ Alcohol _____ Decorations _____

Chairs # _____ Tables # _____ House sound system _____ Firearms/Ammunition _____

Portable wall _____ Kitchen _____ Other: _____

Submitted by: _____ Time: _____ Date: _____

Reservations are made on a first come-first served basis.
Reservations are not confirmed until application is reviewed and a 50% deposit or full payment is received.
Reservations must be cancelled 10 (ten) business days in advance to qualify for a refund.
Refunds require the return of the original receipt and a 3-6 week processing period.

(To be completed by Recreation Services Staff)

Application received by: _____ Date: _____

Application Reviewed by: _____ Date: _____

Approved: _____ Denied: _____ Date: _____

Payment: Total due: \$ _____ Due Date: _____

Deposit Received by: _____ Receipt # _____ Date: _____

Payment Method: Check Money Order

Balance/Full Payment Rec. by: _____ Receipt # _____ Date: _____

Payment Method: Check Money Order

Review Info: To be completed by the Programmer on the back of this form.

Note: A copy of this application for all events over 100 people is to be routed through the chain of command immediately upon approval for informational purposes.