



APPLICATION FOR THE USE OF TOWN OF CARMEL FACILITIES

(Submit completed form at least two weeks prior to event)

(Please print clearly)

Name of Applicant/Organization:	Telephone:
Street:	Email:
City/State/Zip:	ID Card #:

Description and Purpose of Activity Planned:	
Refreshments to be served? Yes <input type="radio"/> No <input type="radio"/>	<b>** ALCOHOLIC BEVERAGES ARE NOT PERMITTED IN ANY OF THE TOWN PARKS! **</b>
Estimated # of persons in Attendance: _____ Adults + _____ Children = _____ TOTAL	
Date building or grounds to be used: _____/_____/_____	
Hours building or grounds to be used: _____ : _____ until _____ :	
Non-Profit? Yes <input type="radio"/> No <input type="radio"/>	(Include set-up and break-down time)
Is material/equipment required from the municipality?*	Yes <input type="radio"/> No <input type="radio"/> <b>* If yes, please complete a Property Disbursement Agreement form</b>
If so, state what types and for what purpose:	
Is event open to public? Yes <input type="radio"/> No <input type="radio"/>	
Will there be donations /contributions solicited? Yes <input type="radio"/> No <input type="radio"/>	
<b>All parks are open to the public; no admission fees are permitted!</b>	

Requested Facility:		
<input type="radio"/> Sycamore – Upper Field	<input type="radio"/> Michael Geary Roller Rink	<input type="radio"/> Red Mills Park
<input type="radio"/> Sycamore – Main Building (\$300)	<input type="radio"/> Camarda Park Pavilion*	<input type="radio"/> Camarda Park – Ballfield
<input type="radio"/> Sycamore – Pavilion Area*	<input type="radio"/> Baldwin Meadows Park	<input type="radio"/> Chamber Park
<input type="radio"/> Sycamore – Ballfield	<input type="radio"/> Airport Park	<input type="radio"/> Other: (Specify)
<input type="radio"/> McDonough Park Fields: (Specify field)		

\* PLEASE NOTE: PAVILIONS ARE NOT PERMITTED TO BE USED DURING LIGHTNING STORMS!

Fees:	
\$	\$150—Reserved Picnic Area
\$	\$300—Main Building Rental
\$	\$30 X _____ (# of hours)—Custodial Staff Fee (when required)
\$	\$150—Ballfield (2 Hour Limit) / \$250—Ballfield with Lights (2 Hour Limit)
\$	TOTAL—Please make check payable to “Carmel Recreation”
\$300	REFUNDABLE DEPOSIT—Required for all events. The deposit will be returned if no damage nor expense result. Please make separate check payable to “Carmel Recreation”

**! INSURANCE REQUIRED !** —General Liability Insurance is required in the amount of \$1,000,000 Per Occurrence, holding “Town of Carmel” Additionally Insured. A copy of your Certificate of Insurance must be submitted to the Recreation Department, along with this completed form and the two required checks.

Applicant must have a current Town of Carmel Resident ID Card and be over 21 years of age. Picnics must be comprised of 50% Town of Carmel residents. It is understood that the above-named applicant will be responsible for the entire group adhering to all Rules & Regulations of the Recreation & Parks Department, and I acknowledge that no alcohol will be consumed at this event. **The use of alcoholic beverages in and on parklands is prohibited. Any person found guilty of a violation, upon conviction thereof, shall be subject to a fine and loss of permit.** Please initial: \_\_\_\_\_

I HAVE READ AND AGREE TO THE CONDITIONS IN THE RENTAL AGREEMENT

I/We release the Town of Carmel and its officials and employees from any responsibility for any liability, claims, loss damages, or actions (including costs and attorney’s fees) for bodily injury and/or property damages, to the extent permissible by law, arising out of or in connection with the actual or proposed use of this facility and/or services.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR TOWN USE			
CERTIFICATE OF INSURANCE: <input type="radio"/> Has Been Provided <input type="radio"/> Will be Provided			
<input type="radio"/> Approved <input type="radio"/> Disapproved by: _____ Title: _____ Date: _____			
REFUNDABLE DEPOSIT: Cash: \$ _____ Check: # _____ Returned: ____/____/____			
Reason withheld: _____			