

CITY OF PORTSMOUTH DEPARTMENT OF PARKS, RECREATION & TOURISM FACILITY USE RESERVATION APPLICATION & AGREEMENT

In co	nside eceip	ration of the following of which is hereby a	g fees: RENT. cknowledged,	AL FEE \$ the City of	Portsmouth, V	+ DAMAGE irginia, agrees t	DEPOSIT \$ o permit the:	Gymnasium (*)	TOTAL \$ Social H	all Meeting Room	
		b									
on _		b	etween the hou	urs of	and and cludes set-up and cl	for th	ie purpose of				
with	an es	timated attendance of		—· (III	iciudes set-up and ci	iean-up)					
		Please ac	knowledge, by	initialing	, that you have	e read and agre	ee to abide by the	e following g	uidelines	•	
	1. Renter must be at least 21 years of age and provide proof of residency to reserve facility.										
	2. Representatives of the City shall have access to the property to inspect and to preserve order at all times.										
		3. No other meeting or activity shall be held at the facility other than that stated in the application.									
		 Renter assumes responsibility for obtaining licenses, permits and security necessary for their event. NO alcohol, smoking, illegal drugs or weapons are allowed on the premises. 									
	5. 6.	, e, e e i i <u>——</u>									
	0. 7.										
	building secured. In no case should the building be open any later than 9:00 p.m									intai period and the	
	8. Use of kitchen and cooking are prohibited.										
	9. The charging of fees, collection of monies and selling of goods are strictly prohibited										
	10. The City reserves the right to cancel or revoke this agreement at any time for any reason without recourse to the applicant or any other										
	guests, invitees or contractors.										
	11. The City reserves the right to deny the refund of all deposits in such cases, at appropriate.										
	12. In the event of inclement weather/emergency closings, a refund will be granted or another event date will be scheduled by agreement of										
	parties 13. Cancellations received within 24 hours of the scheduled reservation are eligible for a refund										
	14. Facilities are closed on Sundays and available only when not in use by the City/Department.										
the u	nders ersta	amages, losses, actions igned's access to and and and have read and a is agreement and have	use of the reser	rved facilit by all facil	y. ity rules, policio		-				
SIGN	SIGNATURE OF RENTER			/_	PRINTED NAME				/	DATE	
ADD	RESS										
CITY	TTY			STATE	ZIP		PHONE NUMBER(S				
DAT	TE PAID AMOUNT F			NT PAID	AID TYPE OF PAY				RECEIPT#		
П		APPROVED	Г	DIS	SAPPROVED				/		
$ \sqcup$		MIROVED	L		MITROVED	F	Facility Usage Co	ordinator		Date	
Date	of In roper	R OFFICE USE ONL spection ty was found to be in ty was not found to be	_ Inspected by good order and	condition			Ple	ease fax form	to 393-82	65 upon completion.	
	Depos	it refund processed on				☐ Depo	osit forfeited for 1	reasons noted	above		