

EVENT FORM

INDOOR RESERVATION _____

OUTDOOR RESERVATION _____

****MUST BE 18 YEARS OF AGE TO RESERVE KENNER FACILITIES
**KENNER PARKS & RECREATION RESERVES THE RIGHT TO CANCEL ANY FUNCTION
IF THE DEPARTMENT REQUIRES THE USE OF SAID FACILITY****

DAY(S): _____ DATE(S): _____ TIME: (from) _____ (to) _____

DAY(S): _____ DATE(S): _____ TIME: (from) _____ (to) _____

DAY(S): _____ DATE(S): _____ TIME: (from) _____ (to) _____

Facility _____ Shelter: _____

Type of Event: _____

Organization/Group: _____ Fax: _____

Person In Charge: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Alternate in Charge: _____ Phone: _____

- 1 - ALL RENTALS MUST BE PAID IN FULL AT TIME OF RENTAL.
- 2 - ALL RENTALS & FEES MUST BE PAID WITH A MONEY ORDER OR CASHIER CHECK ONLY. CASH AND PERSONAL CHECKS WILL NOT BE ACCEPTED.
- 3 - ANY EVENT CANCELLED PRIOR TO 5 DAYS BEFORE DATE SCHEDULED WILL BE CHARGED A \$25.00 CANCELLATION FEE.
- 4 - NO REIMBURSEMENT OF ANY KENNER FEE OR RENTAL.
- 5 - NO GAMES WILL BE PLAYED ON FIELDS IF THEY ARE WET OR IF IT IS RAINING. SUPERVISOR WILL MAKE THE DECISION.
- 6 - NO LEAGUES/GAMES WILL BE SCHEDULED ON HOLIDAYS AND HOLIDAY WEEKENDS
- 7 - NO ALCOHOLIC BEVERAGES ALLOWED ON FACILITIES (PLAYGROUNDS & GYMS)
- 8 - KENNER BOOSTER CLUBS WILL SELL CONCESSIONS AT ALL SPORTING EVENTS, NO OUTSIDE FOOD OR DRINKS WILL BE ALLOWED.

I, the undersigned, representing the group requesting the use of Kenner Parks and Recreation Department facilities understand that this is only a request and that further, no tickets or publicity or other arrangements regarding the event are to be made until I am notified by the Kenner Parks and Recreation Department office that this event has been booked and confirmed. I have read and understand the rules printed on the back of this sheet and agree to comply.

SIGNATURE: _____ DATE: _____

COMMENTS: _____

RENTAL: _____

CLEANUP: _____

SUPERVISOR: _____

UTILITIES: _____

FEE: _____

TOTAL: _____

APPROVED: _____ DATE: _____
EVENTS ADMINISTRATOR/ CITY PARK MANAGER

APPROVING AUTHORITY DATE: _____

DIRECTOR/ ASSISTANT DIRECTOR DATE: _____