

CITY OF PAGE
PERMIT FOR USE OF PAGE SPORTS COMPLEX
AND YOUTH CENTER FACILITIES

FACILITIES REQUESTED

TODAY'S DATE _____

Field #1, 2, 3, 4, Picnic Area #1___ Picnic Area #2___ Basketball Courts___ Volleyball Court___ Parking Lot___ Youth Ctr___

Beginning Date _____ Ending Date _____ Total Days _____

Beginning Time _____ Ending Time _____ Total Hours _____

IF NEEDED WEEKLY CIRCLE DAYS TO BE USED Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

NAME OF ORGANIZATION _____ PROFIT___NONPROFIT___

NATURE OF ACTIVITIES _____

PERSON RESPONSIBLE _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____ CELL PHONE _____

SECOND CONTACT PERSON _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____ CELL PHONE _____

WILL ADMISSION BE CHARGED? YES___ NO___ AMOUNT \$ _____ ESTIMATED NO. ATTEND. _____

TYPES OF CONCESSION USED DURING EVENT _____

WHAT PROVISIONS FOR FIRST AID OR MEDICAL SERVICE HAVE BEEN MADE _____

WHAT PROVISIONS HAVE BEEN MADE FOR CLEANUP _____

WHAT PROVISIONS HAVE BEEN MADE FOR CROWD CONTROL _____

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT AND AGREE TO ABIDE BY THE RULES OF THE PAGE SPORTS COMPLEX AND/OR YOUTH CENTER.

Insurance requirements for Non-City Activities Only. Entity shall provide proof of General Liability Insurance Coverage in a minimum amount of \$1,000,000 Combined Single limit per occurrence and in the Annual Aggregate for Bodily Injury and Property Damage: \$1,000,000 Products/Completed Operations; \$1,000,000 Personal and Advertising Injury. A Certificate of Insurance and Additional Insured CG20 26, should be attached to this request. Requests without such proof cannot be approved. **City of Page carries no primary coverage for non-city activities**

WITHIN 24 HOURS AFTER THE EVENT, CITY PROPERTY MUST BE RETURNED TO PRE-EVENT CONDITION. FAILURE TO COMPLY WILL RESULT IN PARTIAL OR TOTAL FORFEITURE OF SECURITY DEPOSIT.

Signature of Authorized Representative of Organization _____

City Representative' Signature _____

City Personnel Assigned to Activity _____

THIS SECTION TO BE COMPLETED BY CITY

ESTIMATED COST _____ ACTUAL COST _____ DEPOSIT _____ DEPOSIT RECEIVED BY _____