Waverly Parks and Recreation Department
Special Uses Requests

Organization or Individual: _____

Contact Person: _____

Address: _____

Phone: Work: _____ Home: _____

Email: _____ Fax: _____

Event: _____

Date(s) of Event: _____

Time of Event: _____

Description of Activity: _____

Certificate of Insurance? _____

Equipment/Facilities Requested: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Fees Paid: _____ Deposit: _____

Date Equipment Out: _____

Date Equipment Returned: _____

Signature of Responsible Party: _____