

CITY OF FOREST PARK INTERDEPARTMENTAL FACILITY REQUEST FORM
FOREST PARK RECREATION AND LEISURE SERVICES FACILITY USE FORM

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| Space Requested: <input type="checkbox"/> Gymnasium <input checked="" type="checkbox"/> 696 Main St. <input type="checkbox"/> Senior Center <input type="checkbox"/> Pavilion: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Amphitheater <input type="checkbox"/> Football Stadium <input type="checkbox"/> Baseball Fields | Time to Enter: <u>10:00</u> Day of the Week <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> Su <input checked="" type="checkbox"/> Th | Time to Leave: <u>3:30</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Date(s) of Use Requested: <u>Employee Appreciation Day 5/22/25</u> Admission/Participation Charged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Name of Individual or Department Reserving the Space: <u>Clayton County DFCS</u> <u>Gayle Carter</u> <u>470-316-0999</u> Contact Person Name Telephone Number Email: <u>gayle.carter@dhs.ga.gov</u> | | | Description of Event: <u>Team Building & Retention</u> _____ _____ _____ _____ _____ |

I DO HEREBY AGREE THAT I WILL BE RESPONSIBLE FOR THE PROPER USE OF THE FACILITIES INDICATED ABOVE AND AS OUTLINED IN THE *TERMS/CONDITIONS FOR THE USE OF FOREST PARK FACILITIES. I HAVE ENCLOSED A CERTIFICATE OF INSURANCE AS OUTLINED BELOW.

03/27/2025

Date

Signature of Department Head

Kimberly Scot Deputy Director

DO NOT SIGN BELOW THIS LINE FOR FPRLS EXECUTIVE STAFF ONLY

Director of Recreation Signature: _____ Date: _____

City Manager Signature: _____ Date: _____

Application Approved ☐ Yes ☐ No