

CITY OF FOREST PARK INTERDEPARTMENTAL FACILITY REQUEST FORM

FOREST PARK RECREATION AND LEISURE SERVICES FACILITY USE FORM

Space Requested: <input type="checkbox"/> Gymnasium <input 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 checked="" type="checkbox"/> Amphitheater <input type="checkbox"/> Football Stadium <input type="checkbox"/> Baseball Fields	Time to Enter: 8:00 AM Time to Leave: 6:00 PM Day of the Week <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> T <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> Su <input type="checkbox"/> Th	Date(s) of Use Requested: MAY 10, 2025 Admission/Participation Charged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Individual or Department Reserving the Space: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>JAY FRANCIS SPRINGS</u> Contact Person Name </div> <div style="width: 45%;"> <u>404-904-2041</u> Telephone Number </div> </div> Email: <u>jfsradio@bellsouth.net</u>		Description of Event: <u>JAM FOR PEACE</u> <u>MUSIC, DANCE, SPOKEN WORD AND VENDORS</u>

I DO HEREBY AGREEE 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.

3/26/2025

Date

JAY FRANCIS SPRINGS

Signature of Department Head

DO NOT SIGN BELOW THIS LINE FOR FPRLS EXECUTIVE STAFF ONLY

Director of Recreation Signature: _____

Date: _____

City Manager Signature: _____

Date: _____

Application Approved ☐ Yes ☐ No