

CONTRACTS RECEIVED LESS THAN 30 DAYS BEFORE EVENT DATE WILL BE DENIED

FOREST PARK RECREATION AND LEISURE SERVICES FACILITY USE CONTRACT

Space Requested: <input type="checkbox"/> Gymnasium <input type="checkbox"/> 696 Main St. <input type="checkbox"/> Senior Center <input type="checkbox"/> Pavilions <input checked="" type="checkbox"/> Amphitheater <input type="checkbox"/> Football Stadium <input type="checkbox"/> Baseball Fields	Time to Enter <u>12:00 Noon</u>	Time to Leave <u>3:00 p.m.</u>	Date(s) of Use Requested: <u>9/20/25</u>
	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"/> Sn <input type="checkbox"/> Th		Admission/Participation Charged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Group or Organization: <u>Forest Park Ministers Association</u> Address of Group or Organization: <u>1000 Main St.</u> <u>Forest Park</u> <u>GA</u> <u>30297</u> City State Zip <u>Dr. Kenneth Paden</u> <u>404 932-1333</u> Contact Person Name Telephone Number Email: <u>Kenpaden3586@gmail.com</u>			Nature of Organization: <input type="checkbox"/> Government Agency <input checked="" type="checkbox"/> Religious Group <input type="checkbox"/> Civic Group <input type="checkbox"/> Profit <input type="checkbox"/> Business <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> Other (enter Below)
			Type of Activity: <u>Annual Day of Prayer. There will be singing, praise dancing, instrumentalists, & praying.</u>

**No Facility will be rented when city offices are closed for official business unless a Forest Park representative is present during the entire rental period. **

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.

7/28/25
Date

Dr. Kenneth Paden
Signature of Applicant

MAKE CASHIER'S CHECK OR POSTAL MONEY ORDERS PAYABLE TO: City of Forest Park

Insurance Certificate ☒ Yes ☐ No

Applicable Facility Charges	#	Hours	Rate	Total
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Facility Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	\$_____ \$_____
Maint. Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	\$_____ \$_____
Tech Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	\$_____ \$_____
Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	\$_____ \$_____
Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	\$_____ \$_____

Total Due \$ _____

Prior to using the facilities, groups not directly related to the city must provide a certificate of insurance indicating liability coverage in the amount of at least one million dollars (\$1,000,000.00) per occurrence general aggregate. This certificate holder and as an additional insured for the duration of the group's use of the facility as specified above. For sports related activities the certificate must contain a statement that no "athletic participants" are excluded on the liability insurance. You may obtain this insurance from any insurance agent of your choice.

DO NOT SIGN BELOW THIS LINE FOR FPRLS EXECUTIVE STAFF ONLY

Director Signature: _____

Phone Number: _____

Date

Application Approved ☐ Yes ☒ No

Fee Waiver

☐ Yes

☐ Reduced Fees (1/2)

☐ Full Fees