



Community Services & Parks Facility Reservation Request Form Outdoor Fitness Classes and Activities

Applicant's Name: _____

Applicant's Phone Number: _____ Applicant's Email: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Business/Organization Name (If applicable): _____

Business/Organization Address: _____

City: _____ State: _____ Zip Code: _____

Responsible Person (If different than applicant): _____

Responsible Person's Title and Role: _____

Responsible Person's Phone Number: _____ Email: _____

Name of Fitness Class or Activity: _____

Total Number of Classes Offered During Requested Time of Use: _____ Number of Participants per Class: _____

Will Participants Pay On Site? (Select One): Yes No Admittance Fees: \$ _____ per _____

Please describe the class or activity: _____

Facility Requested: _____

Alternate Facility Requested (if the above is not available): _____

Date(s) Requested: _____

Alternate Date(s) Requested (if the above is not available): _____

Set-Up Time: From: _____ To: _____

Program Time: From: _____ To: _____

Clean-Up Time: From: _____ To: _____

List any equipment that will be brought to the park/facility: _____

Staff Use Only

Date Submitted: _____ Received By: _____