



Westgate Park and Recreation Center

Facility Rental Request Application

3691 Oswego Avenue West Palm Beach, FL 33409

Phone: (561) 694-5455 Fax: (561) 233-1414

Office Hours: Monday – Friday 9:00am – 5:00pm www.pbcparcs.com

CUSTOMER INFORMATION	TODAY'S DATE: _____	<input type="checkbox"/> PRIVATE <input type="checkbox"/> CIVIC
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Contact Person: _____ Phone: _____

Address _____

Email Address: _____ Fax: _____

Business/Organization: _____

CIVIC GROUPS: Tax Exempt Yes No **to receive the tax exemption, a valid copy of tax-exempt form must be submitted at time of request and the name of the name of the organization on the form **MUST MATCH** the name on the check/credit card used for payment.*

FACILITY REQUEST DETAILS	TYPE OF EVENT:	<input type="checkbox"/> NEW CUSTOMER <input type="checkbox"/> REPEAT
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*Please Note: All reservation changes/requests must be made no less than 14 days before event date. **A \$25 incident charge applies** if customer fails to follow rules and regulations or fails to provide accurate information about event.*

Date Requested _____ Event Start Time: _____ Event End Time: _____

***Please Note: All rentals must be completed and the facility cleaned and cleared by designated end time. Failure to abide by the rules may result in forfeiture of your deposit and additional fees may apply.*

Rental Area Requested: circle all that apply

Single Room	Multipurpose Field 1	Entire Gymnasium	Pavilion
Double Room	Multipurpose Field 2	½ Gymnasium	Splash Park (Summer/Day Camps only)

Equipment Requested: Complete all that apply

Tables: _____ 72in" Round _____ 6ft Rectangle _____ # Chairs _____

Approximate Attendance/Guest/Spectators _____

Does your event include any of the following? *Circle all that apply or N/A

Charging Admission * Selling * Food * Fund-Raising * Hiring Vendors * Selling Merchandise * Event Open to the Public

Additional Requests _____

INTERNAL USE ONLY

Rental Fee Type: Private Civic Fee Waiver Partnership Government Internal

Insurance Required: Yes No **Deposit Required:** Yes No **Valid Tax Exempt on File:** Yes No

Official Documentation of Status on File Yes No

Status Type: Tax Exempt – DR-14 Form Only Not-for-Profit Non-Profit 501-(C) (3) Status Other

Approved Disapproved – Reason

Notes from Manager:

Manager Signature: _____ **Date:** _____