Palm Beach County Parks and Recreation Department
Recreation Services/ Recreation Centers

Facility Rental Request

Date: _____

Please Check Box of Rental Area Requested:

☐ Pavilion ☐ Single Meeting Room ☐ Double Meeting Room

☐ Gymnasium ☐ Multi Purpose Field ☐ Softball Field

* *

Contact Person: _____

Organization: _____

Organization: Profit _____ or Non-Profit _____ **501c (3) #:** _____

Tax Exempt: Yes _____ or No _____ If Yes, Tax Exempt Number: _____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: (___) _____ **Business Phone:** (___) _____ **Cell Phone:** (___) _____

Email Address: _____

* *

Requested Date(s): _____

Time: From _____ To _____ **How Often:** (weekly, monthly, one-time, etc)? _____

Type of Event: _____ **# of People Attending:** _____

Set Up Style: ☐ Banquet ☐ Theatre ☐ Classroom

# of Tables: _____ **# of Chairs:** _____