

CITY OF CLARKSBURG BOARD OF PARK COMMISSIONERS
REQUEST FOR USE OF CITY PARKS

NAME OF ORGANIZATION: _____

PARK AND/OR FACILITY TO BE USED: _____

DATE(S) AND TIME(S) OF USE: _____

NUMBER OF PARTICIPANTS: _____

PURPOSE OF USE: _____

USE OF FUNDS COLLECTED: _____

MAP ATTACHED: _____ YES _____ NO

SUPPORT NEEDED: _____

✓ **PLEASE ALLOW A MINIMUM OF 3 WEEKS PRIOR TO EVENT DATE TO SCHEDULE YOUR EVENT.**

✓ **LIABILITY INSURANCE MUST BE SECURED AND CONFIRMATION FILED WITH THE PARK BOARD OFFICE PRIOR TO EVENT DATES.**

✓ **PLEASE INCLUDE DETAILED LETTER DESCRIBING YOUR EVENT.**

(YOU'RE INFORMATION)

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

SIGNATURE: _____

DATE SUBMITTED: _____

OFFICE USE ONLY

APPROVED BY: _____

RETURN COMPLETED FORM TO: CITY PARKS OF CLARKSBURG
1 CLARKSBURG PARK WAY
NUTTER FORT, WV 26301
PHONE: 304-624-1655
FAX: 304-624-1684
www.cityparksofclarksburg.com