

**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.**

**(YOUR INFORMATION)**

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

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