

Park Shelter and Facility Permit - Carolina Beach Parks and Recreation



Applicant Name: _____ Date of Birth: ____/____/____

Email Address: _____

Address: _____ State: _____

City: _____ Zip: _____

Phone Number: (____) _____

Emergency Name: _____ Emergency Phone: (____) _____

Please check the shelter or facility you would like to reserve.

Park Shelters	Resident Fee	Non-Resident Fee
____ Mike Chappell Park	\$20/ 3 hours	\$30/ 3 hours
____ Lake Park	\$20/ 3 hours	\$30/ 3 hours
____ McDonald Park	\$20/ 3 hours	\$30/ 3 hours
____ Additional hour	\$7/hour	\$10/hour
Recreation Center		
____ Arts and Activities Room	\$20/hour	\$30/hour
____ Multipurpose Room	\$25/hour	\$35/hour

Reservation Date: _____ **Time:** _____

In reserving a facility, I agree to assume the responsibility of having all members of my group adhere to the Town of Carolina Beach Ordinance, Chapter 11, Article V. Parks Ordinance and the Facility Application Guidelines.

I also agree to hold the Town of Carolina Beach harmless against any lawsuit, injury, damage or claim arising from said event(s) or function(s). In addition, I do accept the responsibility and liability for any damage, injury, or loss occurring from such function and use of the facility and do agree to make restitution and/or reparation accordingly.

Signature: _____ **Date:** _____

Office Use Only			
Payment Type: _____	Check #: _____	Staff Initial: _____	Date: _____
Amount of Payment: _____			