TOWN OF LURAY

45 East Main Street Luray, Virginia 22835 (540) 743-5511 (540) 743-1486 - FAX www.townofluray.com

APPLICATION FOR USE OF FACILITIES

(Please Print Clearly in Ink)

Date of Application:		Name of App	Name of Applicant:				
1.)	Name/Location of	of the Requested Fac	ility:				
2.)	Dates and Times of Requested Use:						
3.)	Activity/Event for which this Use is Requested:						
4.)	Name & Address of the Sponsoring Organization:						
5.)	Title of Applicant within the Organization:						
6.)	Address of Applicant/Organization:						
7.)	Phone Number:		_ FAX Number:		Cell Phone Number:	:	
8.)	Is this a Public _	or Private	_ event?	Approximat	e Number of Users/Atten	ndees:	
9.)	 General Notes: a.) It is understood that the applicant and all users will comply with all rules and regulations of the Town of Luray. If approval is granted, the applicant and users agree to be responsible for any and all damages that occur to the facilities used. b.) All final arrangements must be worked out with the Parks & Recreation Director and staff. c.) Absolutely no alcoholic beverages are allowed on Town property. Certain areas are designated to be tobacco-free zones, and must be adhered to at all times. d.) All users must exhibit responsible behavior and use appropriate language. e.) Town Staff have the final say in Facility Usage. f.) Failure to abide by all rules and regulations may result in forfeiture of facility usage, and on occasion, more serious penalties may apply. 						
In consits office loss, or disease omission whatsoe any even	ideration for being ters, employees, induding damage, including , or death, that the on, negligence, or context. It is agreed a	surers, and self-insur g without limitation couser may incur as a rother fault on the partend understood that u	facilities of the Town rance pool, from and a claims arising from presult of such use, who to of the Town of Lura se of the facilities sha	gainst all liabilit operty loss or da ether any such lia y, Virginia, its of ll be in complian	ty, claims, and demands, mage, bodily injury, pers ability, claims, and dema fficers, or its employees,	sonal injury, sickness, ands result from the act, or from any other cause gulations of the Town, and	
	APPLICATIONS A	ARE DUE TO THE		LEAST FIVE (5) WORK DAYS PRIOR		
Admini						 	
Indemnification/Release Executed Certificate of Insurance Provided List of Teams/Users Provided							
Approval by Parks Director:					Date:		

Date: _____

Approval by Town Manager: