



City of Lake Forest Park

Application for Facility Use

Please complete this Application for Facility Use and return to city hall to schedule your event. Please coordinate with the Facility Scheduler for your specific needs. Call city hall at (206) 368-5440. Upon approval, you will receive a copy of both the Application and the Permit for Facility Use.

Date: _____ Mail to: **City of Lake Forest Park**
17425 Ballinger Way N.E.
Lake Forest Park, WA 98155-5556

Event Information

Date(s) of facility use: _____ Facility/Room _____ Attendance _____

Time(s) of facility use (including set up and take down): _____

Reason for Usage: _____

Ages of youth in attendance _____ Number of adults in attendance with youth _____

Equipment requested: chairs(#) _____ tables(#) _____ other _____

Applicant Information

Organization Name: _____ Applicant Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Alternate Contact: _____ Phone: _____

Insurance needed: yes no Insurance carrier/Policy No. _____ Option to purchase WCIA ins.: Yes No

Proof of Non-Profit Status

Does your organization have Non-Profit Status? Yes _____ No _____
If your organization is non-profit, please provide a copy of that official status with this application.

Note: Refer to Resolution 766 for Meeting Room Fee Schedule.

Acknowledgement of Terms and Conditions

The undersigned, being an authorized representative of the sponsoring organization or applicant, hereby acknowledges and agrees to the terms and conditions under which this Facility Use Permit is issued.

Applicant Signature: _____ Date: _____

Title _____

Included with Facility Use Application is Resolution No. 794, Authorizing Public Use of City Facilities and Establishing Rules and Regulations Governing Such Use.

Facility Use Fee _____	Receipt # _____	Date Paid _____	Approved By _____
Deposit check # _____	Deposit check returned on _____	Yes _____ No _____	Insurance Required _____ Certificate provided _____
WCIA insured _____			
<u>Room Card Pass checked out:</u>			
Key Card #: _____			
Checked out to: _____			
Check out date: _____ Return date: _____			