Department of Parks & Recreation

683 Oak Street • Post Office Box 179 • Franklin, Virginia 23851 • (757) 562-2475 • mdavis@franklinva.com

APPLICATION FORM -- ACTIVITIES /RENTAL OF FACILITIES Barrett's Landing Bathrooms

Name or Sponsoring Or			
Address		City Telephone #	
Contact Person		Telephone #	
e-mail address	Is this a	Fund Raising Activity? Yes	8No
If yes, Purpose	Estimated At	Telephone # Fund Raising Activity? Yestendance Time (start/finish)	
Date (s) of Activity		Time (start/finish)	
Nature of Activity			
Requested Area Rental Fee 50			
Rental Fee 50	Security Deposit (0 Date paid	
Trill look alia petelages	ne sei tent i es	140	? Yes No
Will ABC license be app	lied for? Yes	— No	
health department will I	be given to the con ty to contact the he	cial events packet from the stact person of the event. ealth department and apply ot refundable.	It will be the
Signature of Appli	icant	-	Date
A conference is require	d: Approved	_ Disapproved	
Facility not available	Police Office	cers required	
Director of Parks & Rec	creation	Date	

