HERITAGE PARK/CENTENNIAL PLAZA
RENTAL APPLICATION

Applicant Name: Kathy McCool

Organization Name (if applicable): Coastal South Baldwin Relay For Life

Address: 1102 Longleaf Street, Foley, Al 36535

Telephone: (251) ____609-6797_____ ( ) _ **Email:** ___logankat@gulftel.com

Type of Event: American Cancer Relay for Life Event **Estimated Attendees:** 500

Description of activities (include if food will be served, tents erected, music, power requirements, etc.)

___The annual Coastal South Baldwin Relay for life event that requires power requirements, grassed areas to be chalked off, designated areas for individual team to set up tents, Food areas, activity areas, gazebo use, food will be served, a luminaries will be lit in honor and in remembrance of those people that have lost their lives to cancer, etc.

Date of Event: _September 29, 2018 **Time** (including set up and clean up): **From**____8:00 am_____
To_____8:00 pm_____

Fees: Request the Fee to be waved for this event

Non-refundable usage fee: $225 minimum for first 3 hours, $75 for each additional hour
Consultation fee (if using chimes): $25
Music Technician (if using chimes): $25 per hour, 3 hour minimum
Police Officer (required if alcohol is present): $25 per hour, 4 hour minimum
Damage Deposit: $100

I have read and understand the rules which govern my application and use of the park and plaza. I hereby agree and consent to the same.

Signature of Applicant: __Kathy McCool Date: __12-1-17

Office Use Only

Total Amount Due: _____

1. Function: □ Approved □ Disapproved
2. Approval Number: _____
3. Rental Deposit Received: _____
4. Police Officer Scheduled: _____
5. Damage Deposit Received: _____
6. Paid In Full: □ Yes □ No Date Paid: _____

Amt. Pd. _____ Date: _____ Amt. Pd. _____ Date: _____ Amt. Pd. _____ Date: _____