EMMANUEL'S PLACE

"Special Care For Special Needs"

Emmanuel's Place
P.O.Box 60
Foley, Al 36536

To whom it may concern:

Hello, allow me to introduce ourselves. We are a non-profit organization named Emmanuel's Place, an upcoming special needs childcare that will only cater to children with disabilities. We are planning to locate this organization here in Baldwin County and we need your help. This organization has a lot to offer families throughout the county.

I am writing you concerning a location that we would like to have one of our fundraisers. We would like to get permission to use the city park in Buler Heights community on Saturday March 26th @ 8am. We will need to have electric if available. In case the weather is bad we would like to access the Jim Wright Center with permission. We are raising money to secure building funds for Emmanuel's Place. This will be just one of many fundraisers that would help us reach our goal. We will follow every guideline as stated on the contract of using the park. We would like to thank you in advance for all that you do for this city. Also thank you for taking the time to help us help others.

Thank you for your time and consideration.

Sincerely,

La'Tedra Bingham

Fundraiser Coordinator

CITY OF FOLEY, ALABAMA

APPLICATION FOR PERMISSION

TO USE Beulah Heights Park

Applications Must Be Received at Least Two (2) Weeks Prior to the Event.

NAME: Emmanuel's Place (Latedra Bingham)

ADDRESS: P.O. Box 40 Foley, AL 36536

PHONE NO.: 251-209-5903 FAX NO.: _____

TYPE OF EVENT: fundraiser

DESCRIPTION OF ALL ACTIVITIES/FACILITIES INVOLVED (include whether food or beverages will be served, tents erected, music, power requirements, etc.): music, basketball, we will need electric, food will be served. we will have tables (no fire or grills)

DATE OF EVENT: March 26th 2016

TIME OF EVENT: FROM 8am TO 5pm
(including set up and clean up)

MAXIMUM NUMBER OF PERSONS: up to 100

I have read and I understand the Rules on the reverse side which govern my application and use of the Pavilion and Park, and I hereby agree and consent to the same.

SIGNATURE OF APPLICANT: Latedra Bingham

DATE: 1-6-16

NON-REFUNDABLE USAGE FEE DUE WITH APPLICATION:

$225.00 minimum for first three (3) hours and $75 per hour for each additional hour.

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FOR CITY USE ONLY

Date Application and Fee Received: _____

Application is: Approved / Denied (circle one)

If Approved, Special Conditions (if any): _____

If Denied, Date Fee Returned to Applicant: _____

_____ (Signature)