City of Foley

HERITAGE PARK/CENTENNIAL PLAZA
RENTAL APPLICATION

Applicant Name: __Bill Curtin, Pastor__

Organization Name (if applicable): __Foley United Methodist Church__

Address: __915 N. Pine Street, Foley, Alabama 36535__

Telephone: (251) __943-4393__ (   ) _____ **Email:** __bcurtin@foleyumc.org__

Type of Event: __Community Worship Gathering - Sunday Mornings__ **Estimated Attendees:** __150__

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

__In an effort to serve the greater Foley community this fall during the ongoing pandemic, we would like to offer a temporary__

__weekly outdoor service on Sunday mornings. We would have musicians, invite people to bring their own chairs and__

__maintain social distancing. The service would begin at 8:00 a.m. and end by 9:00 a.m.__

Sunday mornings

Date of Event: 10/3/2021-12/12/2021 **Time** (including set up and clean up): **From** _7:00 a.m._ **To** _9:30 a.m._

Because of our desire to bless and serve the community of Foley, we request that the rental fees be waived.

Fees: If the service goes well and helps the community we would like the option to continue through the spring of 2022.

Non-refundable usage fee: $225 minimum for first 3 hours, $75 for each additional hour
Police Officer (required if alcohol is present): $35 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: _Bill Curtin_____ Date: _9-2-21___

Office Use Only

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: _____

Park Rental   _____
Damage Deposit   _____
Additional Hour(s)   _____
Police Officer   _____
Total Amount Due: _____
Total Amount Paid: _____
Balance Due: _____

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