



Special Request Form

Bellingham Parks & Recreation Department, 3424 Meridian Street, Bellingham WA 98225
 Office Hours: 8 am to 5 pm Monday – Friday - (360) 778-7000 Fax: (360) 778-7001
 E-mail: parks@cob.org – URL: www.cob.org/parks

Facility Rental # _____ Return Form by: ____/____/____ Dept. use only

Organization: _____

Contact Person: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip/Postal: _____

E-mail: _____

Name of Event: _____ Est. Attendance: _____

Check all that apply:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> open to public | <input type="checkbox"/> 501 c | <input type="checkbox"/> PA system | <input type="checkbox"/> food |
| <input type="checkbox"/> private | <input type="checkbox"/> fund raiser | <input type="checkbox"/> amplified music | <input type="checkbox"/> sales/vendors |
| <input type="checkbox"/> adult | <input type="checkbox"/> entry/class fees | <input type="checkbox"/> non-amplified music | <input type="checkbox"/> overnight event |
| <input type="checkbox"/> youth | <input type="checkbox"/> promotional | <input type="checkbox"/> animals | <input type="checkbox"/> Inflatable play equipment |
| <input type="checkbox"/> dance | <input type="checkbox"/> donations | <input type="checkbox"/> performers | |

Organizers/Performers: _____ Number of tables/booths: _____ Number of tents: _____ Stage: **Y N**

Day & Date(s)	Times	Complex/Facility	Dept. Use Only
Subtotal			
25% reduction for 501c (if applicable)			
Total Fee Due			

1. Details regarding Location (Please include map and details of event set up at facility)

Mission Statement: To support a healthy community by providing high quality parks and recreation services.

2. Event Information (Describe type of event e.g.: fun run, concert, fundraiser etc.)

3. Other Requirements & Requests

- portable restrooms recycle containers security (these items provided by event)
- parking needs (include parking plan/map – event may be required to provide parking monitor or additional parking)

- Request access to electricity (describe electrical use(s), amp/volt requirements and location)

Other Needs/Requests (equipment requests require a separate agreement)

4. Signature

- Bellingham Parks & Recreation may not allow all activities/uses requested by the event.
- Other permits may be required to host this event.
- Copy of status letter from IRS must be on file at Parks Office to be eligible for fee reduction.

User agrees to indemnify and hold harmless the City and all of its officers, agents and employees as to any claims for losses or damages or injuries to persons, to property, or to agents of the User or as to claims for infringement or deprivation of constitutional rights that arise in connection with the activities carried on under this agreement where such liability is incurred in whole or in part as a result of the actions of User, its employees, assignee's, agents, invitees or licensees. In the event of any such claims or law suites, the User shall assume all costs of defense, including any costs and fees incurred by the City or its agents.

Signature of Contact Person: _____ Date: ___/___/___

-Department use only-

Park Department Responsible for (specify locations and other details) : waste receptacles electricity move bollard

Reviewed by: Recreation Manager Operations Manager

Manager Signature: _____ Date: ___/___/___

Director signature required for some special request(s).

Director Signature: _____ Date: ___/___/___

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