



325 Sheckler Road Fallon, NV 89406 (775) 423-7733 (775) 423-7734 Fax

**Churchill County Parks & Recreation Department
Facility Rental Request Form**

Event Name _____ Event Contact Person _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email address: _____

Event Contact Phone _____ Home Phone _____ Work Phone _____

Cell. Phone Number _____ Fax Number _____

Type of Event _____ Private or Public Event?: _____

1. *Anticipated date for event: _____ Hours: _____ am/pm _____ am/pm

2. Set up date _____ Time _____ am/pm

3. Clean up date _____ Time _____ am/pm

4. Will food be sold? Yes or No
(If yes, please be advised, you will need a current health permit.)

5. Will admission be charged? Yes or No

6. Will alcohol be served at this event Yes or No

7. Will alcohol be sold at this event Yes or No
(If yes, you will need a current county liquor license, call the Sheriff's Department (775) 423-3116 for more information)

If you have answered YES to any of the above questions, you may be required to hire a security agency that will be present during the event. Please specify the security agency that will be present during the event, along with their phone number:

Name of Security Agency _____

Address of Security Agency _____

Security Agency Telephone Number _____

***Please note:** Dates are subject to departmental confirmation, and are not final until payment has been received and a Use Agreement is signed by both parties. The Parks & Recreation Department charges a \$25.00 returned check fee, for checks that are returned unpaid, for any reason.

PAGE (1) Complete both pages, please.

"Churchill County, Nevada, is an equal opportunity provider and employer."

Facilities/Equipment Requesting: (Please mark all that apply)

Main Arena <input type="checkbox"/>	Tractor <input type="checkbox"/>	Picnic Shelter <input type="checkbox"/>	Multi-purpose Building (all) <input type="checkbox"/>
Green Arena <input type="checkbox"/>	Water Truck <input type="checkbox"/>	Fishing Pond Fields <input type="checkbox"/>	(MPB) Nevada <input type="checkbox"/>
Cutting Arena <input type="checkbox"/>	Dump Truck <input type="checkbox"/>	Fishing Pond <input type="checkbox"/>	(MPB) Gold Room <input type="checkbox"/>
Dry Gulch Saloon <input type="checkbox"/>	Garbage Removal <input type="checkbox"/>	Main Ticket Gate <input type="checkbox"/>	(MPB) Sage Room <input type="checkbox"/>
Silver State Office Trailer <input type="checkbox"/>	Clean-up by park staff <input type="checkbox"/>	Bleachers <input type="checkbox"/>	(MPB) Kitchen <input type="checkbox"/>
Concession Stand <input type="checkbox"/>	East Field/RV Hookups <input type="checkbox"/>	Ballfield (North Maine) <input type="checkbox"/>	(MPB) Foyer <input type="checkbox"/>
PA System <input type="checkbox"/>	Parking Lot <input type="checkbox"/>	Ballfields (Regional Park) <input type="checkbox"/>	Multi-purpose Bldg Field <input type="checkbox"/>
Stock Pens <input type="checkbox"/>	Announcer Booth <input type="checkbox"/>	Soccer Field <input type="checkbox"/>	Shelter w/ MPB Restrooms <input type="checkbox"/>
Barn Stalls <input type="checkbox"/>	Timer Stand <input type="checkbox"/>	Horse Shoe Pit <input type="checkbox"/>	Shelter w/ Fairgrounds Restrooms <input type="checkbox"/>
Covered Stalls <input type="checkbox"/>	Ticket Booth <input type="checkbox"/>	Mud Volleyball Pit <input type="checkbox"/>	Cottonwood Building <input type="checkbox"/>
		Marquee <input type="checkbox"/>	

The information below will help us in tracking the benefits of our facilities to the community.

Total number of expected participants: Local _____ Out of town _____

Expected number of spectators: Local _____ Out of town _____

Number renting motel rooms _____

Marquee Request: Please write down the information you would like on the marquee, exactly the way it is to be posted. Customer is allowed up to two lines on the marquee.

Keys: Please list the individuals who are authorized to pick up keys for your event:

Event Representative:

I certify that I am an adult, (18 years of age or older), and by signing this Facility Request Form that all the information provided on this form is true and correct to the best of my personal knowledge. I also certify that if any information is found not to be true, my rental fees and deposit may be forfeited and my event may be canceled at the discretion of the Director of the Churchill County Parks and Recreation Department.

Furthermore, I understand that if a law enforcement agency is called out to maintain order at my event, I will forfeit my Customer Deposit.

_____ **I agree to pay a returned check fee of \$25.00 for each returned check/payment, which is returned unpaid, for any reason, by my bank or financial institution.**

Initials

_____ **Event Representative Signature** _____ **Date** _____ **CCPR Representative Signature** _____ **Date**

_____ **Director's Signature** _____ **Date**

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<u>Office Use Only</u>			
Reservation Fee Paid: Amount \$ _____	Date _____	Receipt # _____	TR# _____
Deposit Paid: Amount \$ _____	Date _____	Receipt # _____	TR# _____

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