



Surf City Parks & Recreation

Parks Rental Reservation Application

Applicant Name		Organization	
Address	City	State	Zip
Email Address		Phone Number	
Dates(s) Requested	Time(s) Requested	Estimated # of Participants	
Purpose of Rental			

Please select the following park facilities you are requesting to reserve:

Park Facilities Fees	Resident Rate	Non-Resident Rate
Soundside Park, 201 Roland Avenue		
Soundside Park Picnic Shelters - please <i>select a shelter(s)</i> <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #4 <input type="checkbox"/> #7	\$40 per shelter/per day	\$60 per shelter/per day
<input type="checkbox"/> Soundside Park Amphitheatre	\$100/per day	\$200/per day
<input type="checkbox"/> Soundside Park Rental (Small gatherings, meetings and birthdays, etc.)	\$250/per day	350/per day
<input type="checkbox"/> Soundside Park Rental (Corporate, profit events) <i>Refer to Special Event Application</i>	\$500/per day	\$600/per day
Kenneth Batts Family Park, 911 S. Topsail Drive		
<input type="checkbox"/> Picnic Shelter #8	\$40/per day	\$60/per day
Security Deposit Fee (required for every rental)		
Security Deposit (refundable)	\$50 flat fee	\$100 flat fee

* To qualify for the **Resident** rate, you must meet one of the following criteria: **Property Owners:** Own **Renter:** Renters within Surf City with proof of residency, or **Active/Retired Military & Dependents** with proper identification are eligible for the Resident rate.

I, _____, the authorized representative of _____ declare that the Surf City Park identified will be used only for the above stated purpose and times and understand that the rental fees listed below shall apply where applicable. I understand that a thorough check will be made of the rented park to ensure the site is clean and there has been no damage. I agree that failure to clean up property will forfeit my deposit without recourse and that I am responsible for any damage incurred during my event. I further understand and agree that failure to cancel reservations within one (1) week of scheduled event will result in the loss of my security deposit as an administrative fee. **I have received and agreed to all the terms of the Parks Reservation Application.**

Signature of Applicant _____ Date _____

Staff Use Only

Fees:	Amount:
Security Deposit (refundable)	\$
Hourly Rate x Total Hours _____ x _____	\$
Daily Rate	\$
Total:	

Date Paid

Amount Paid

Payment Method

Staff Signature

Notes:

Rental Checklist

- | | |
|---|--------------------|
| <input type="checkbox"/> Total Paid..... | Date: _____ |
| <input type="checkbox"/> Permits Received..... | Date: _____ |
| <input type="checkbox"/> Calendar Booked | Date: _____ |
| <input type="checkbox"/> Staff notified/Reservation signs displayed | Date: _____ |
| <input type="checkbox"/> Security Deposit Returned (after rental) | Date: _____ |