ARLINGTON
VIRGINIA

DEPARTMENT OF PARKS AND RECREATION
FACILITIES SCHEDULING OFFICE
ATHLETIC AND FACILITY SERVICES DIVISION
3700 South Four Mile Run Drive, Arlington, Virginia 22206
TEL 703-228-4747 TTY 711 parks.arlingtonva.us

FOR OFFICE USE

HH # _____
Receipt # _____
Notes: _____
_____
_____

EXTERNAL USER FACILITY REQUEST FORM

Please type or print clearly so that all information can be accurately processed. Incomplete or erroneous requests will not be processed and will be returned to the sender. Arlington County sponsored activities will receive priority over non-county activities. All groups requesting multiple facility spaces (more than two dates) must submit a roster with proof of 66% Arlington residency attached. Forms may be emailed to facilitiesscheduling@arlingtonva.us. **The facility is not guaranteed until all rental fees are paid in full and a facility permit is issued.** There will be an administrative fee for all refunds. If you have a previous balance on your account, you will not be permitted to reserve a facility until the balance is resolved.

☐ **New Account**

☐ **Existing Account Household #** _____

Name of Applicant: _____

Group Affiliation: _____

Address: _____

City/County: _____

Phone: _____ E-mail: _____

Facility Preference: 1. _____
2. _____

Date(s): Start _____ Finish _____

Time: _____am/pm to _____ am/pm

Recurrence: _____

Day(s): *Check all that apply*
Mon☐ Tues☐ Wed☐ Thurs☐ Fri ☐ Sat☐ Sun☐

Skip Dates: _____

Number of Participants: _____

Program Description: _____

Setup Preference: _____

TYPE OF FACILITY

☐ Art Studio/Crafts Room
☐ Number of Classrooms ___
☐ Number of Conference Rooms ___
☐ Field – Diamond
☐ Field – Diamond (synthetic)
☐ Field – Rectangular (natural)
☐ Field – Rectangular (synthetic)
☐ Game Room
☐ Gymnasium
☐ Multi-purpose Room
☐ Senior Room
☐ Teen Lounge
☐ Wellness Studio
☐ Number of Bocce Ball Courts ___
☐ Number of Basketball Courts ___
☐ Number of Tennis Courts ___
☐ Other _____

RESERVATION NEEDS

Include room setup specifications and tech equipment needed.

Do you have sufficient liability insurance to cover this activity? Yes☐ No☐
If yes, please provide the name of the carrier: _____ Coverage Amount: _____

Indemnification of County. User agrees that County will not be responsible for any loss, injury, or damage to persons or property which at any time may be suffered or sustained by lessee or by any person whosoever may at any time be using or occupying or visiting the premises or be in, on or about the same, whether such loss, injury, death or damage is caused by or in any way results from or arises out of any act, omission or negligence of user or of any occupant, visitor or user of any portions of the premises, or results from or is caused by any other matter or thing whether the same kind as or of a different kind than the matters or things above set forth. User covenants to save, defend, hold harmless and indemnify the County and all of its agents and employees from and against any and all claims, loss, damage, injury, cost (including court costs and attorney's fees) charge, liability or exposure, however caused, resulting from, arising out of or in any way connected with user occupation and use of the premises.

Signature of Representative: _____ Date: _____