



Town of Parker
 1314 - 11th Street Parker, AZ 85344
 Phone: (928)669-9265 Fax: (928)669-5247

<input type="checkbox"/> Approved
<input type="checkbox"/> Denied
By: _____
Fees: _____

Park Usage Permit Application
 AVAILABLE ON A FIRST COME FIRST SERVED BASIS

Applicant Name: _____ Phone Number: _____

Applicant Mailing Address: _____

Use Date(s): _____ Reason: _____

Start Time: _____ End Time: _____ Number of Attendees: _____

Requested Area(s) of Use: (check ALL that apply)

Baseball Fields*	Western Park	Pop Harvey Park	Splash Park
<input type="checkbox"/> Field 1	<input type="checkbox"/> Grass Area	<input type="checkbox"/> Gazebo	<input type="checkbox"/> Grass Area
<input type="checkbox"/> Field 2	<input type="checkbox"/> Ramada	<input type="checkbox"/> Volleyball Court	<input type="checkbox"/> Kite Canopy Shade
<input type="checkbox"/> Field 3	<input type="checkbox"/> Volleyball Court	<input type="checkbox"/> Horseshoe Pit	<input type="checkbox"/> Corner Canopies
<input type="checkbox"/> Field 4	<input type="checkbox"/> Basketball Court	<input type="checkbox"/> Mohave BBQ	<u>The Splash Pad shall remain open to public.</u>
<input type="checkbox"/> Aaron Hill Field		Canopy	
<input type="checkbox"/> Concession Stand		<input type="checkbox"/> Agency BBQ Canopy	
		<input type="checkbox"/> Grass Area	

*TOP will prep 1 time before date of use; bases/lining/cleanup are applicants' responsibility.

Do you need access to power supply? No Yes, for? _____

Restrooms: OPEN CLOSED

(Additional restrooms, port-a-pottys, must be provided by applicant if attendance is over 50 persons.)

Special Requests (if any;i.e. parking on grass, extra trash cans, etc.): _____

Sprinklers: ON OFF

Lights: ON OFF

All food for sale or being given away MUST be approved by the La Paz County Health Department.

By signing below, I acknowledge I have read the Rules and Regulations for the above listed Town Of Parker facility and I will personally be present and responsible for the above activity. I am aware proof of a one million (\$1,000,000) dollar insurance bond naming the Town Of Parker as additionally insured may be required at least fifteen (15) working days prior to this event.

Signature: _____ **Date:** _____

Relationship to Applicant: _____