



DEPARTMENT OF PARKS AND RECREATION
 ADMINISTRATIVE SERVICES OFFICE
 ATHLETIC AND FACILITY SERVICES DIVISION
 300 N. Park Drive, Arlington, Virginia 22203
 TEL 703-228-4747 TTY 711 parks.arlingtonva.us

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 facilitiescheduling@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
___	Field – Rectangular (synthetic)
___	Fire Ring
___	Game Room
___	Gymnasium
___	Multi-purpose Room
___	Senior Room
___	Teen Lounge
___	Wellness Studio
___	Number of Basketball Courts ___
___	Number of Bocce Ball Courts ___
___	Number of Tennis Courts ___

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: _____