



5338-G George Wash. Mem. Hwy.
Yorktown, VA 23692

NEW QUARTER PARK USE PERMIT REQUEST

Mail to:
County of York, Parks & Recreation
P. O. Box 532, Yorktown, VA 23690 (757) 890-3500



1000 Lakeshead Dr.
Williamsburg, VA 23185

Organization Submitting Request: _____

Address: _____
(Street) (City) (State) (Zip Code)

Person in Charge: _____ Title: _____

Day Phone: (____) _____ Evening Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

TYPE OF ORGANIZATION:

COMMUNITY/COMMERCIAL The Organization and Sponsor or Individual shall deliver a certificate of insurance from a carrier acceptable to York County, specifying a \$1,000,000 limit of General Liability Coverage, along with the proper endorsements that specifically state that the County of York, Virginia, its respective Officers, Agents and Employees, are Additional Insured, with primary status, without participation from the County's insurers. The Certificate of Insurance and required Endorsements must be provided prior to approval of the facility request. In addition, the Organization and Sponsor or Individual shall agree to immediately notify, in writing, to York County of any changes, modifications and/or termination of the required insurance coverage and/or policy that occurs prior to or during the use of the facility.

The amount of insurance coverage stated above is a minimum requirement. A higher amount of insurance may be required by the County of York, Virginia.

INDIVIDUAL (Additional insurance is not typically required; however, York County reserves the right to require a certificate of insurance.)

Event Date: _____ Day of Week: _____ Arrival Time: _____ Departure Time: _____

Specific areas to be used (shelter, fire circle, overflow parking, etc.): _____

Planned Activity (please be specific): _____

Will catering services be used? Yes No

Will any special entertainment (DJ, etc.) be used? Yes No

Select 1 or more	Shelter	MAX Capacity	*Daily Rate	Daily Rate
<input type="checkbox"/>	1	100	\$150	\$200
<input type="checkbox"/>	2	40	\$75	\$100
<input type="checkbox"/>	3	25	\$75	\$100
<input type="checkbox"/>	4	20	\$75	\$100
<input type="checkbox"/>	Fire Circle		\$25	\$50

Refunds will not be issued for inclement weather. If possible, event may be rescheduled.

***York County Residents ONLY**

Estimated Maximum Attendance: _____ Amount Paid: _____ Form of Payment: _____

By signing below, the applicant agrees to abide by the **CONDITIONS OF USE** on the reverse side of this form.

(Authorized Signature) (Title) (Date)

For Office Use Only

Date Application Received: _____ Date Confirmation Sent: _____

Special Conditions: _____

Special Conditions imposed by York County: _____

Comments _____

This authorizes the above organization to use the facility as indicated. The applicant should carry this form in person during said event.

(Authorized Signature) (Title) (Date)