



EXTERNAL USER FACILITY REQUEST FORM

Please be advised that incomplete or erroneous requests will not be processed and will be returned to the sender. Type or print clearly so that all information can be accurately processed. Arlington County sponsored activities will receive priority over non-county activities. All groups requesting multiple facility space (more than 2 dates) must submit a roster with proof of 66% Arlington residency attached. Forms may be emailed to facilitiescheduling@arlingtonva.us. Please be advised that the facility is not guaranteed until all rental fees are paid in full and a facility permit is issued. There will be a \$20 administrative fee for all refunds.

Name of Applicant: _____
 Group Affiliation: _____
 Address of Applicant: _____
 City/County: _____ State: _____ Zip Code: _____
 Phone - Day: (____) _____ Phone Evening: (____) _____
 Phone - Cell: (____) _____ Email: _____
 Facility Preference: 1. _____ 2. _____
 Date(s) Requested: Start: _____ Finish: _____
 Day(s) Requested: *Check All Dates that Apply* Mon Tues Wed Thur Fri Sat Sun
 Program Time(s): _____ am / pm to _____ am / pm Number of Participants: _____
 Program Description: _____

Type of Facility Requesting

- | | | |
|---|--|--|
| <input type="checkbox"/> Arts Studio/Crafts Room | <input type="checkbox"/> Field – Rectangular Synthetic | <input type="checkbox"/> Wellness Studio |
| <input type="checkbox"/> Number of Classroom(s) _____ | <input type="checkbox"/> Game Room | <input type="checkbox"/> Number of Bocce Ball Court(s) _____ |
| <input type="checkbox"/> Number of Conference Room(s) _____ | <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Number of Basketball Court(s) _____ |
| <input type="checkbox"/> Field - Diamond | <input type="checkbox"/> Multi-purpose Room | <input type="checkbox"/> Number of Tennis Court(s) _____ |
| <input type="checkbox"/> Field – Diamond - Synthetic | <input type="checkbox"/> Senior Room | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Field – Rectangular - Natural | <input type="checkbox"/> Teen Lounge | |

Reservation Needs

Please specify break-out space & specific time needed for each additional space

Name: _____ Date: _____

Do you have sufficient liability insurance to cover this activity? Yes No

If Yes, Give the Name of the Carrier: _____ Amount of Coverage: _____

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 whatsoever 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: _____

-----DO NOT WRITE BELOW THIS LINE - Office Use Only-----

Coordinator Approval	Date Approved	Processing Scheduler	Date Entered