

City of Roanoke Parks and Recreation Department 501 Roanoke Road Roanoke, TX 76262 817.837.9930

RECREATION CENTER RESERVATION/ALLOCATION REQUEST FORM

Applicant Name:		Organization Name:	
Address:		_City:	State:Zip:
E-mail:		Phone (H):	(W):
Team Name:		_ Coach Name:	Age Group:
Event:		Number of People Atter	nding:
Room Requested	Date Requested	Time Requested	Fee (if applicable)
		Total fees (if applicable)	\$
List of Amenities and F	ees		
Gymnasium	one court	\$40.00/hr.	
	both courts	\$80.00/hr.	
Classroom	one room	\$30.00/hr.	
	two rooms	\$50.00/hr.	
*Entire Building			us \$500.00 deposit) additional person
*must be reviewed by Recrea	ation Center Manager before		person
City of Roanoke, and its offi expenses, including but not l arising out of or in connection	cers, agents, servants and en imited to attorney's fees, for on with, directly or indirectly ces referenced herein or in an	and agrees to fully indemnify, apployees from and against all or injury to or death of a person or, the performance, attempted party way resulting from or arising the APPLICANT.	claims, damages, losses and or damage to property, performance or
Signature of Applicant:			Date:
Staff Approval:			Date:
Check#:A	Amount\$:		