IRVING PARKS AND RECREATION DEPARTMENT
ATHLETIC FACILITIES APPLICATION

APPLICANT AND SPONSORING ORGANIZATION INFORMATION
Please complete all data as required.

NAME OF ORGANIZATION: __________________________________________________________

APPLICANT NAME: ______________________________________________________________

ADDRESS: __________________________ CITY: __________________________ STATE: _______ ZIP _______

DAYTIME PHONE: (____) ____________ EVE. PHONE: (____) ____________ FAX#: (____) ____________

E-MAIL: ____________________________ Web Page: _________________________________

MANAGER ON-SITE DAY OF EVENT: __________________________ CELL NUM: (____) ____________

*Any change in the above information, please notify the Parks and Recreation Department immediately.

SPECIAL EVENT INFORMATION
Complete all data as required for event of any size.

Type of Event:

☐ Baseball ☐ Basketball ☐ Football ☐ Walk/Run/Cycling

☐ Softball ☐ Soccer ☐ Cricket ☐ Ultimate Frisbee

EVENT TITLE: _________________________________________________________________

EVENT DATE(s): __________________________ ESTIMATED ATTENDANCE _________________

REQUESTED PARK: ____________________________________________________________

ACTUAL HOURS OF EVENT: ________ AM/PM - ________ AM/PM

SET UP TIMES: ________ AM/PM - ________ AM/PM TAKE DOWN TIMES: ________ AM/PM - ________ AM/PM

DESCRIPTION OF EVENT SET UP: ________________________________________________

Please attach additional sheets as necessary, including plans, drawings, maps, etc.

PLEASE INDICATE WHETHER THE FOLLOWING ITEMS PERTAIN TO YOUR EVENT:

YES ☐ ☐ NO ☐ ☐

☐ FOOD CONCESSION AND/OR FOOD TRUCKS

☐ FIRST AID FACILITY (IES) AND AMBULANCE(S)

☐ DOES YOUR EVENT REQUIRE ELECTRICITY? SOURCE: ________________________________

☐ BOOTH (S), EXHIBIT (S), DISPLAY (S) AND/OR ENCLOSURE (S)

☐ CANOPY (IES) AND/OR TENT (S). Please include dimensions: ________________________
PLEASE INDICATE WHETHER THE FOLLOWING ITEMS PERTAIN TO YOUR EVENT:

YES NO

SCAFFOLDING, BLEACHER (S), PLATFORM (S), GRANDSTAND (S) OR RELATED STRUCTURE (S)

VEHICLE (S) AND/OR TRAILER (S). HOW MANY?

TRASH CONTAINER (S) AND/OR DUMPSTER(S)

PORTABLE TOILET (S) If yes, please indicate company providing units:

STAGE (S) Please include dimension

ENTERTAINMENT Please describe:

INFLATIBLE DEVICE (S), AMUSEMENT (S)

BANNER (S)

WILL THE EVENT BE ADVERTISED? HOW? Please note that you cannot advertise your event prior to approval.

SPONSORSHIP/VENDING OR PROMOTIONAL ACTIVITY? Please describe:

AMPLIFIED SOUND If yes, please indicate START TIME: and END TIME:

OTHER PERMITS
PLEASE NOTE THAT ALL COMPONENTS OF THE EVENT ARE SUBJECT TO PARKS AND RECREATION DEPARTMENT APPROVAL AND MAY REQUIRE APPROVAL BY AND/OR PERMITS FROM OTHER CITY AGENCIES. PARKS AND RECREATION DEPARTMENT APPROVAL DOES NOT CONSTITUTE PERMISSION FROM OTHER AGENCIES. EVENTS THAT IMPACT OTHER CITY AGENCIES WILL BE REFERRED TO CITY-WIDE PERMIT COMMITTEE. IT IS THE RESPONSIBILITY OF THE APPLICANT TO SECURE ALL NECESSARY CITY OF IRVING PERMITS.

INSURANCE REQUIREMENTS
EVIDENCE OF INSURANCE WILL BE REQUIRED ONE WEEK PRIOR TO THE EVENT DATE. PLEASE PROVIDE A CERTIFICATE OF INSURANCE WHICH SHOWS A MINIMUM OF $1 MILLION IN COMMERCIAL GENERAL LIABILITY INSURANCE AND A POLICY ENDORSEMENT WHICH INDEMNIFIES AND HOLDS HARMLESS THE CITY OF IRVING, PARKS AND RECREATION DEPARTMENT. EACH EVENT IS EVALUATED ON ITS RISK EXPOSURE. THE CITY OF IRVING IS NOT RESPONSIBLE FOR ANY ACCIDENTS OR DAMAGES TO PERSONS OR PROPERTY RESULTING FROM THE ISSUANCE OF THIS PERMIT.

AFFIDAVIT OF APPLICANT
EVERYTHING THAT I HAVE STATED ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE POLICIES AND RULES AND REGULATIONS LISTED ON THIS FORM AS THEY PERTAIN TO THE REQUESTED USAGE. BY SIGNING THIS APPLICATION, THE APPLICANT AGREES TO FOLLOW ALL RULES AND REGULATIONS. THE PERMIT, IF GRANTED, IS NOT TRANSFERABLE AND IS REVOCABLE AT ANY TIME AT THE ABSOLUTE DISCRETION OF THE PARKS AND RECREATION DEPARTMENT. ALL PROGRAMS AND FACILITIES OF THE IRVING PARKS AND RECREATION DEPARTMENT ARE OPEN TO ALL CITIZENS REGARDLESS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN OR HANDICAP.

NAME OF APPLICANT: ____________________________

(print)

SIGNATURE: ____________________________ DATE: ________________

Return via email to parksandrecreation@cityofirving.org or fax (972) 721-2658

OFFICE USE ONLY

APPROVED NOTES: ____________________________

DENIED SIGNED: ____________________________ DATE: ________________