



IRVING

T E X A S

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:

- | | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Walk/Run/Cycling |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Cricket | <input type="checkbox"/> 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: _____ |

(continued)

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: _____