



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 Attending: _____

| <u>Room Requested</u> | <u>Date Requested</u> | <u>Time Requested</u> | <u>Fee (if applicable)</u> |
|-----------------------------------|-----------------------|-----------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total fees (if applicable) | | | \$ |

| <u>List of Amenities</u> | | <u>Resident</u> | <u>Non-Resident</u> | <u>Deposit</u> |
|--------------------------|--------------------------------------------|--------------------------------------------|---------------------|----------------|
| Gymnasium | one court | \$40.00/hr. | \$40.00/hr. | n/a |
| | both courts | \$80.00/hr. | \$80.00/hr. | n/a |
| Classroom | 1/2 room | \$30.00/hr. | \$36.00/hr. | \$250 |
| | Full room | \$50.00/hr. | \$60.00/hr. | \$250 |
| *Entire Building | up to 200 participants w/ 3 hr. minimum | \$250.00/hr. \$60.00 special permit fee | \$304.00/hr. | \$1000 |

**must be reviewed by Recreation Center Manager before approval and a special permit must be obtained.*

Indemnification:

APPLICANT assumes all liability and responsibility for and agrees to fully indemnify, hold harmless and defend the City of Roanoke, and its officers, agents, servants and employees from and against all claims, damages, losses and expenses, including but not limited to attorney's fees, for injury to or death of a person or damage to property, arising out of or in connection with, directly or indirectly, the performance, attempted performance or nonperformance of the services referenced herein or in any way resulting from or arising out of the management, supervision, and operation of the program and activities of the APPLICANT.

Signature of Applicant: _____ Date: _____

Staff Approval: _____ Date: _____

Check#: _____ Amount\$: _____