



CITY OF ALAMOGORDO – COMMUNITY SERVICES DEPARTMENT
Alamogordo Family Recreation Center
 1100 Oregon Avenue
 Alamogordo, NM 88310
 575-439-4142

APPLICATION FOR FACILITY USAGE

Note 1: Submission of application does not grant approval – approval is only granted upon issuance of a facility use permit. Please do not do any promotion of this request until you have received a confirmation notice of approval.

Note 2: A facility use permit does not infer or denote approval of any other additional required permits (e.g., Noise Permit, Special Event Permit, Food Permits...). Separate permit processes are required for such permits and must be obtained from other agencies or City Departments.

Note 3: Upon payment of an approved park permit, user is agreeing to City liability waiver and Terms and Conditions of Use policies.

ORGANIZATION INFORMATION

PRIMARY CONTACT PERSON (please print): _____

PHONE NUMBER: _____ EMAIL: _____

ADDRESS: _____

NAME OF EVENT: _____

TYPE OF EVENT: (circle one) Sports Event Special Event Private Event Other _____

TOTAL NUMBER OF ANTICIPATED PARTICIPANTS: _____

FACILITY/FIELD REQUEST

FACILITY OR FIELD(S) REQUESTED: _____

BEGINNING DATE: _____ ENDING DATE: _____

Check Day(s) Desired:		Specify START Time & Circle AM or PM		Specify END Time & Circle AM or PM	
	Monday		AM / PM		AM / PM
	Tuesday		AM / PM		AM / PM
	Wednesday		AM / PM		AM / PM
	Thursday		AM / PM		AM / PM
	Friday		AM / PM		AM / PM
	Saturday		AM / PM		AM / PM
	Sunday		AM / PM		AM / PM

(Please continue application on back)

LIABILITY COVERAGE PROVIDED BY (for any activity/event on City Property):

(Company name) (Policy #) (Exp. Date)

SPECIAL INSTRUCTIONS

Please check all that apply and enter amounts if necessary:

_____ Gate Open _____ Restroom Open _____ Sprinklers/Watering Turned Off

_____ Electricity _____ Number of Power Poles Needed

The City of Alamogordo is committed to providing equal opportunity for all individuals. I agree, that while using the City of Alamogordo parks and/or facilities for the purpose described in this request that we will not discriminate against an individual or group in accordance with Federal and State law.

(Applicant – Printed Name)

(Title)

(Applicant – Signature)

(Date)

FOR FURTHER INFORMATION AND TO RETURN FORM, CONTACT:

Alamogordo Family Recreation Center
ATTN: Facility Manager
1100 Oregon Ave.
Alamogordo, NM 88310
Office: (575) 439-4265
Fax: (575) 439-4394

OFFICE USE ONLY:
Date Received: _____ Time Received: _____ Approved: _____ Not Approved: _____