



RANDLEMAN
 * NORTH CAROLINA *

204 S. MAIN STREET
 RANDLEMAN, NC 27317
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WWW.CITYOFRANDLEMAN.COM

CITY ADMINISTRATION

William Johnson
 City Manager

SUSAN B. HOGAN
 Finance Director

CONNIE CROSS
 Interim City Clerk

BOARD OF ALDERMEN

GARY B. BLITS, SR.
 Mayor Pro-Tempore

MELOSA BLALOCK
 RENEE BRYANT

NANCY HENDERSON
 SHAKON F. LEONARD



City of Randleman
 Application / Agreement for City Facility Rentals

PLEASE PRINT LEGIBLY

Applicants Name:		
Mailing Address:		
City:	State:	Zip Code:
Cell Phone:	Home Phone:	
Date of Function:	Time of Function:	
Facility / Facilities to be RENTED:		
Type of Function for Rental:		

1. Person(s) or organizations using the Park are responsible for post-activity, clean-up or damage to property that occurs while the facility is being used.
2. Groups using the facility are responsible for maintaining orderly behavior and must conform to the City's policies regarding the use of alcoholic beverages (may require separate application (s) and/or permit (s), good moral standards, no weapons or drugs, etc).
3. Parents, guardians or adult leaders must sign for person(s) 18 years and under or youth groups requesting use of the facility and must assure adult supervision at a ratio of 1 adult (21 and over) per 12 minors (17 and under).
4. City Facility Rental Rules sheet must be read. The signing of this Application / Agreement for City Facility Rentals form signifies the renter's understanding and agreement of the City Facility Rental Rules.
5. Payment of all associated fees and deposits are required to secure the Facility deposits are reimbursed to persons or organizations.

Date: _____

Signature: _____

Approved by: _____
 Robin Hughes, Parks and Recreation Director

FOR PARKS AND REC. OFFICE USE ONLY		
Facility to be rented:		
Deposit(s) Amount(s) Paid:	\$ _____	Date Paid: _____
Fee(s) Amount(s) Paid:	\$ _____	Date Paid: _____
Collected By:		
PARKS AND REC. – AFTER EVENT		
Inspected By:		Date: _____
Refund to be Issue:	() Yes () No () Partial	Date: _____
Refund Amount:	\$ _____	
Approved By:		
FOR CITY HALL USE ONLY		
Refund Paid Date:		Check Number: _____
Amount Refunded:	\$ _____	