



# APPLICATION FOR FACILITY USAGE

CITY OF FARMINGTON  
DEPARTMENT OF PARKS, RECREATION & CULTURE AFFAIRS

**\*Upon approval a written permit will be issued. Please do not do any promotion of this request until you have received a confirmation notice.**

**\*Does not include Picnic Permits or the High Schools Campus Recreation areas, a separate permit process is required.**

REQUEST MADE BY: \_\_\_\_\_  
(Name of Organization or School)

CONTACT PERSON: \_\_\_\_\_

FACILITY OR FIELDS TO BE USED: \_\_\_\_\_

PROPOSED ACTIVITY: \_\_\_\_\_

BEGINNING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

Check boxes below: Specify time and circle A.M. or P.M.

<input type="checkbox"/>	Sunday	<input type="checkbox"/>	A.M./P.M.	<input type="checkbox"/>	A.M./P.M.
<input type="checkbox"/>	Monday	<input type="checkbox"/>	A.M./P.M.	<input type="checkbox"/>	A.M./P.M.
<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	A.M./P.M.	<input type="checkbox"/>	A.M./P.M.
<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	A.M./P.M.	<input type="checkbox"/>	A.M./P.M.
<input type="checkbox"/>	Thursday	<input type="checkbox"/>	A.M./P.M.	<input type="checkbox"/>	A.M./P.M.
<input type="checkbox"/>	Friday	<input type="checkbox"/>	A.M./P.M.	<input type="checkbox"/>	A.M./P.M.
<input type="checkbox"/>	Saturday	<input type="checkbox"/>	A.M./P.M.	<input type="checkbox"/>	A.M./P.M.

SPECIAL INSTRUCTIONS: e.g: concession, field lining, lights,etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*  Camp / Clinic      \*  Fundraiser      \*  Special Function

**\* Administrative Fee is Required**

LIABILITY COVERAGE PROVIDED BY: \_\_\_\_\_  
(CO. NAME) (POLICY#) (EXP.DATE)

The undersigned hereby make application for facility use with the full understanding of the Rules and Regulations established by the Parks and Recreation Department of its facilities.

To obtain a copy of the Rules and Regulations, contact the Recreation Center at 599-1184.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone No.)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

I agree that while using the City Of Farmington fields, courts, and facilities for the purpose described in this request that we will not discriminate on the basis of disability.

For further information and to return form, contact:

Recreation Center  
901 Fairgrounds Rd.  
Farmington, NM 87401  
Office: (505) 599-1184  
Fax: (505) 325-7079

### OFFICE USE ONLY

Date received: \_\_\_\_\_  
Time received: \_\_\_\_\_  
Approved/ Not Approved \_\_\_\_\_