



New Bern Parks & Recreation Pre-Event Questionnaire

Thank you for choosing New Bern Parks & Recreation for your event. The purpose of this form is to obtain information regarding your event before the application process. Please complete and return to the facility of choice, (see facility supervisor) if you are using a recreation center, or to Parks & Recreation Administration if you are planning an event in a park.

If your activity is approved, you will be invited to complete an event application; any fees and charges are to be paid in full within ten (10) business days of approval. If the reservation is not paid within stated time period, the reservation will be cancelled.

Name: _____ Date: _____
Address: _____ City: _____
State: _____ Zip: _____ Telephone: _____ Cell: _____

Facility Requested (check one): Stanley White Rec. Center West New Bern Rec. Center
 Community Resource Center George St. Spray Park Municipal Swim Complex
 Athletic Field City Park - Name Park: _____

Date of Event: _____ Hours: From: _____ To: _____

Purpose of Event: _____

Is this an ongoing event? Yes No (If yes, please explain, include dates and times:

Is event for fundraising purposes? Yes No (If yes, please provide non-profit or not-for-profit organization name and tax I.D. number) Organization Name: _____ ID #: _____

Will you be charging admission? Yes No (If yes, state how much \$ _____)

Projected attendance: _____

Note: Security may be required at the organizers expense, given the attendance and projected nature of the event.

Recreation Center: _____ Please check the area(s) you are requesting
 Meeting Room Kitchen Multi-purpose Room Game Room Fitness Room
 Gymnasium

Park: _____ Please check the area(s) you are requesting
 Shelter Open Space Stage Gazebo Other
Electricity? Yes/No Water? Yes/No (Circle one for each)

Signature Title (if applicable) (Date)

FOR OFFICE USE ONLY
Request Approved Request Denied If denied, state reason: _____
Paid Event: _____ Sponsored Event: _____ Rental fee: _____
Center Supervisor's Signature: _____ Date: _____
Parks & Recreation Director's Signature: _____ Date: _____