



HORRY COUNTY PARK AND RECREATION
307 SMITH ST.
CONWAY, SC 29526
843-248-1864 * FAX 843-248-1420

FACILITY RENTAL APPLICATION

1. I, _____, representing _____
Name of Individual Organization

Hereby request permission to use the following field / facility: _____

2. Date of Use: _____, _____
Date(s) Day(s) of the Week

Time of Use: From _____ AM/PM to _____ AM/PM **INCLUDES SET UP & CLEAN UP TIME**

3. The purpose of this use will be: _____

4. Anticipated maximum attendance: Total _____ Adults _____ Youth _____

5. Will other paid services be used (i.e. commercial carter, DJ, band, concessions, etc.)? ____ Yes ____ No

Name: _____ Phone #: _____

Name: _____ Phone #: _____

It is expressly understood and agreed that the applicant assumes all risks for loss, damage, liability, cost or expense that may arise during or be caused in any way by use or occupancy of the facilities of Horry County Parks and Recreation Department. The applicant further agrees that in consideration of being permitted to use the parks, he will save and hold harmless the said Horry County, its officers, agents, employees, and volunteers from any loss, claims and liability damages and/or injuries to persons and property that in any way be caused by applicant's use of occupancy.

I, the undersigned, hereby certify to abide by the regulations governing the said facility and agree to abide by all Horry County ordinances and rules and/or policies, and be representative of the user organization. Further, I agree to be personally responsible for any damages. loss sustained by the grounds, building, furniture or equipment or unusual clean up occurring through the occupancy of said facilities.

PLEASE TYPE OR PRINT CLEARLY WITH A BALLPOINT PEN. COMPLETED APPLICATION MUST SUBMITTED WITH FULL PAYMENT.

Date Completed: _____ Print Name: _____

Address: _____ Signature: _____

City, State, Zip: _____ DL #: _____

Phone Number (Home): _____ Phone Number (Work): _____

ONCE APPROVED, HAVE A COPY OF APPLICATION IN POSSESSION DURING USE

PARKS AND RECREATION STAFF ONLY

RENTAL AMOUNT RECEIVED: _____ RECEIPT NUMBER: _____

DEPOSIT AMOUNT: _____ KEY ISSUED: YES / NO RETURNED: _____

STAFF SIGNATURE: _____ REFUNDED AMOUNT: _____