



Athletic Facility Usage Application

Section I

Applicant Name: _____ **Organization Name:** _____

Address: _____

Phone: (Day) _____ (Night) _____ **Email:** _____

Day of Event Contact: _____ **Cell Phone:** _____

Facility Requested: (Circle) **Rec Center:** Gym Multi-purpose Field Outdoor Basketball Court

Big Rock Stadium (O’Neal Field): Baseball Field Parking Lot **Shevans Park:** Tennis Courts

Rotary Park: Soccer Fields Outdoor Basketball Courts Parking Lot

Facility Usage: (Circle) **Baseball Game/Practice** **Basketball Game/Practice**

Football Game/Practice **Soccer Game/Practice** **Special Event/Tournament**

Proposed Use & Description of Use: _____

Date(s) & Time(s) of Use: (Please attach league practice and game schedules) _____

Number of fields/courts needed: _____ **Expected Attendance:** _____

Tent Usage Request: Yes No (If yes, contact Planning & Inspections 726-6848 for permit)

Alcohol Sales Request: Yes No (If yes, ABC permit required)

Concession Request: Yes No (If yes, contact Health Department for requirements)

Admission Fees Requested: Yes (Fee: \$ _____) No

Insurance: All events will require a certificate of liability insurance from a North Carolina licensed company of a minimum of one million/two million (\$1,000,000 /\$2,000,000) dollars that lists the Town of Morehead City (Town) as an additional insured. The Town reserves the right to increase the minimum amount of required insurance depending upon the nature of the event.

Proof of Insurance provided: (Required with application) Yes No

Special Services / Practice Requests: _____

Section II

Special Event and Long-Term Agreement Applicants Must Complete This Section.

What is the nature of the event? (Circle one)

Athletic (specify sport) _____ Entertainment (List type) _____

Trade Show/Exhibition Assembly Other (specify) _____



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Please give a detailed description of the requested event: _____

Provide an Organizational History

1. How long has the organization been in existence? _____

2. Who are the officers, directors, shareholders and principal members of the organization?

3. Has the organization operated under any other names? (Please list) _____

4. Is the organization affiliated with any other organization? _____

5. Has the organization operated in any other markets? (Please list) _____

Present a Demonstrated Ability to Properly Manage Event

What is the source for event staff (gate people, ushers, box office personnel, parking attendants and clean-up crew)? Will this consist of paid staff or volunteers?

Does the organization employ a general or event manager that will be on-site for each event?
(circle & provide contact information for on-site manager) Yes No

Please provide a list of events the organization has managed during the past three years.

Describe the Financial Condition of the Organization

Please attach an organizational balance sheet/cash flow statement and three business references.

We reserve the right to request additional financial statements and references.



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It is understood and agreed that the Town of Morehead City (Town) and the Morehead City Parks and Recreation Department (MCPRD) shall be free of liability for personal injury or property damage claims that may arise out of, or occur during, the use of the facility by Applicant and that no cause of action shall accrue to any organization, its users, members, officials, agents, servants, employees, participants, guests or spectators for injuries or property damage of any kind whatsoever arising out of or from use of the facility by Applicant. Applicant agrees to hold the Town and MCPRD, their agents and employees harmless from and to defend all such claims for personal injury, including death, and property damage. The Applicant shall in no wise be or become the agent, servant, or employee of, nor a contractor for, the Town nor of or for the MCPRD. Applicant and neither the Town of Morehead City nor its Park and Recreation Department are in a joint venture, association, partnership or any other entity or common or joint efforts or enterprise.

The Applicant acknowledges that is has received, read and understands the MCPRD Athletic Facility Usage Policies and related documents and agrees to be bound by and subject to those policies.

The event will be scheduled following the receipt and approval of the application by the MCPRD Director/Staff. The applicant will receive a signed copy of the approved application for confirmation.

Applicant Signature: _____ Date: _____

Official Use Only

Approved / Declined

MCPRD Staff Signature: _____ Date: _____

Security Deposit: Paid \$ _____ cash check# _____ N/A Date _____ Received _____

Facility Usage Fee: Paid \$ _____ cash check# _____ N/A Date _____ Received _____

If you have questions regarding the application, please contact the Morehead City Parks and Recreation Department at (252) 726-5083.

Please submit request a **minimum of 60 days prior to the requested facility usage or event date** by mail to the address below:

Morehead City Parks & Recreation Department
1100 Bridges Street, Morehead City, NC 28557