TOWN OF JAMESTOWN PARKS & RECREATION FACILITY RENTAL AGREEMENT

Effective: September 2019

Application must be submitted 2 weeks prior to event.



Contact Information

Scott Coakley – Parks Superintendent Town of Jamestown PO BOX 848 - 301 E. Main St. Jamestown, NC 27282 p-336.454.1138 f- 336.886.3504

Organization / Name		Today's Date		
Mailing Address		City	Zip Code	
Home Phone	Work Phone		Cell Phone	
Reservation Date(s) (Attach separate sheet if necessary)		E-mail Address		
Time Event(s) Begins ** GATES OPEN 30 MIN. BEFORE	Time Event(s) En		S.	
Dumana of Boutal		f De colo	Check facilities to	be rented:
Purpose of Rental	Approximate # o	т Реоріе	Baseball Fields:	Lights
I/We understand that I/we have Town of Jamestown's Parks & Re Town of Jamestown does not inst	creation Facilities. I/We underst	and that the	#1 #2	
persons using the premises under of property brought onto the pre-	the terms of its application; no mises; that the Town of Jamesto	r for damage or loss own shall be held	Soccer Fields:	
harmless for any such injury; dan including (but not limited to)any agree to pay for any and all dam	attorney costs and court fees. Fo	urthermore, I/we	#1 #2 #3	#4 □ n/a
and read the policies and regulat the provisions therein.	ions concerning the use of the fo	acilities and agree to	Other	□
Simple of Death (A. Harinda			Other	□
Signature of Renter/Authorized Group Representative	Date			
Printed Name of Renter/Represe	ntative			

Date

Staff Approval

TOWN OF JAMESTOWN PARKS & RECREATION FACILITY RENTAL AGREEMENT

Reservation not guaranteed without payment AND staff approval.

Effective: September 2019

Soccer Fields:	
Rate: x Games:	= Subtotal: \$
**1 "Game" is equivalent to a 2 Hour perio	od. We do not distinguish between a "game" or a "practice".
Baseball Fields:	
Rate: x Games:	= Subtotal: \$
**1 "Game" is equivalent to a 2 Hour perio	od. We do not distinguish between a "game" or a "practice".
Other:	
Rate: x Hours:	= Subtotal: \$
(Office Use Only) Deposit Paid	Total Amount Due: \$
Receipt # : Rental Fee Paid: Receipt # : Deposit Return Date:	Make checks payable to: Town of Jamestown PO Box 848 301 E. Main St. Jamestown, NC 27282
	Insurance will be furnished by applicant as follows** names the Town of Jamestown as an additional insured for an amount of
no less than \$2,000,000 must be provid	ed to the Town of Jamestown.

CERTIFICATE ATTACHED _____ OR /ON FILE at TOWN HALL_____