



Facility Rental Application

Main Office Address: **405 County Complex Rd, Suite 130 Clinton, NC 28328**

Western District Park (WDP)
702 West Clinton Street
Roseboro, NC 28382

Weeks Park
517 Clinton Street
Newton Grove, NC 28366

Facility Name _____ Area to be Used _____
Date of Use _____ Hours: from _____ to _____
Type of Event/Activity _____ Number in Attendance _____
Person/Organization Responsible _____ Phone _____
Address _____ Zip _____ Alt. Phone _____

The following items will be needed (check all that applies)

Picnic Shelter or Stage

\$10/hr
min of 3hrs

Ball field
with lights

\$35/hr
min of 3hrs

Ballfield
(marked)

\$20/hr
min of 3hrs

With the signing of this application the user understands the following:

1. Reservation and payment must be made **14 calendar days** in advance to secure rental date and location.
2. Reservations will not be finalized until payment for site is received.
3. All rental fees are paid directly to the Sampson County Parks & Recreation Main Office.
4. I understand SCPR will be responsible for opening and closing the facility during the time of the rental.
5. Driving on park premises is prohibited. Vehicle access to park for loading and unloading only. All vehicles must park in designated area (parking lot) unless preauthorized through department director.
6. I understand it is my responsibility to clean the facility after use. I further understand the facility will be inspected and I will be charged \$30 per hour for clean up/repair with a 1 hour minimum charge.
7. I understand that in order for my rental fee to be returned, any cancellation must be done 48 hours in advance.

_____ Date

_____ (Printed name)
Applicant

_____ Signature

The above date is open for the above individual/group to use the specified facility.

_____ Date

_____ Park and Recreation Personnel

_____ Signature

Date _____

Total Usage Hours _____

Staff _____

Receipt # _____

Amount Paid _____

Form of Payment _____