



CITY OF BOYNTON BEACH
RECREATION & PARKS DEPARTMENT



Facility/Field Use Information

Recreation & Park Department facilities and fields may be reserved for group use. Fees vary according to type of activity and organization (individual, non-profit or business). Reservations should be made a minimum of four weeks in advance and are subject to room and staff availability. Please contact the individual facility for availability and more information.

<u>Facility/Field</u>	<u>Address</u>	<u>Phone #</u>
Art Center	125 S.E. 2 nd Avenue	742-6221
Boat Club Building	Boat Club Park, 2010 N. Federal Hwy.	742-6247
Civic Center	128 E. Ocean Avenue	742-6240
Galaxy Park Field	459 W. Boynton Beach Blvd.	742-6641
Hester Center & Park	1901 N. Seacrest Blvd.	742-6550
Intracoastal Park Clubhouse	2240 N. Federal Highway	742-6650
Pence Park Field	S. E. 5 th Ave. & S.E. 4 th Street	742-6641
Senior Center	1021 South Federal Highway	742-6570
Wilson Park Complex (including Carolyn Sims Center and Denson Pool)	225 NW 12 th Avenue	742-6640 (Center) 742-6645 (Pool)

Picnic Pavilions at Hester Center, Intracoastal, Jaycee, Meadows and Oceanfront Parks may be reserved at Intracoastal Park Clubhouse. All other park pavilions are available on a first come, first served basis.

PLEASE NOTE:

1. Alcohol is **PROHIBITED** at all City facilities, parks and fields (with the exception of Intracoastal Park Clubhouse).
2. **SMOKING POLICY:** In compliance with the “Florida Clean Indoor Act” Chapter 386.201FS and the City of Boynton Beach Resolution 90-BBB, this policy establishes designated non-smoking area within the City owned and operated buildings. The City of Boynton Beach WILL NOT permit smoking inside during function hours.
3. All recreation facilities have video recording systems.
4. Certain activities or functions, including all facility rentals, may require the applicant to provide proof of insurance to the City. Fire and Life Safety Inspection may be required based on event plans.
5. A damage deposit will be collected for all facility rentals, and may be required for field use. Any additional charges will be deducted from the damage deposit.
6. Payment Policy: A 50% deposit is due at the time of booking. The balance plus the damage deposit plus the TULIP fee, if applicable, is due at least four weeks prior to the event. The full amount is due at the time of booking for events taking place within 60 days or less.
7. Cancellation Policy: A full refund will be issued if requested at 30 days prior to the event date. A 20% cancellation fee will be charged if a refund is requested within 30 days of the event. All cancellations must be made in person or in writing.
8. Per ADA (Americans with Disabilities Act) requirements, applicant agrees not to discriminate on the basis of disability while using City of Boynton Beach facilities or parks.

Please return application form to: City of Boynton Beach
Recreation & Parks Department
P. O. Box 310
Boynton Beach, FL 33425-0310



**CITY OF BOYNTON BEACH
RECREATION & PARKS DEPARTMENT
Facility/Field Use Application Form**

ORGANIZATION/INDIVIDUAL: _____

Type: _____ Individual _____ Business _____ Non-profit _____ Other _____

CONTACT PERSON (if organization) _____

ADDRESS: _____

City _____ Zip Code _____

PHONE #'S: (HOME) _____ (WORK) _____ (CELL) _____

1. FACILITY/FIELD: _____ ROOM: _____

2. REQUESTED DATE & TIME (please indicate a.m. or p.m.): _____ # OF PEOPLE: _____

Single Use: Date _____ Hours: from _____ to _____

Weekly: Dates _____ Hours: from _____ to _____

Monthly: Day of Week _____ Start Date: _____ End Date: _____ Hours: _____

3. SPECIAL INSTRUCTIONS (please use the "FACILITY/FIELD PREPARATION REQUEST" form to detail special set up or maintenance requirements at least two weeks prior to event date)

4. PROGRAM INFORMATION (please check all appropriate categories):

_____ Private Function _____ Food/Drink Served _____ Alcohol Served (Intracoastal Clubhouse ONLY)*

_____ Educational _____ Political _____ Religious _____ Recreational

_____ Meeting _____ Other (please describe below)

_____ Fund-raising** _____ Admission Fee** _____ Food or Items Being Sold (list below)

Briefly describe type and purpose of function, including entertainment, special activities, etc. If the event is a fundraiser, list for whom the funds are being raised: _____

*Requires the purchase of additional insurance.

**If your function involves fund-raising or an entry/admission fee, please provide:

Projected Attendance: _____ Gross Revenue: _____ Entry Fee/Team: _____ Entry Fee/Person: _____

I agree to comply with all "special considerations" listed on the facility/field use information form.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY

_____ Approved

_____ Rejected (reason) _____

Authorized by: _____ Date: _____

Deposit Payment (1/2 fees) \$ _____ Check # _____ Date _____

Balance Payment \$ _____ Check # _____ Date _____
(including Damage Deposit)

Proof of Insurance Rec'd _____ Date: _____

Or

TULIP application & check forwarded to Risk _____ Date: _____

Facility Fee: _____ hrs x \$ _____/hr = \$ _____

Bill Code: NR _____ R _____; NP _____ Prv _____ Comm _____

Field Use: _____ hrs x \$ _____/hr = \$ _____

Sub-Total Above \$ _____

Sales Tax (6% of sub-total) \$ _____

Staffing Fee: _____ hrs x \$25/hr = \$ _____

Field Preparation (\$25/hr per person) . . . \$ _____

Field Lights: _____ hrs x \$ _____/hr = \$ _____

No tax charged for non-profit groups.

MUST attach copy of tax exempt certificate for non-profits.

TOTAL FEE \$ _____

CITY OF BOYNTON BEACH
RECREATION & PARKS DEPARTMENT

FACILITY/FIELD PREPARATION REQUEST

NAME OF PROGRAM/GROUP/EVENT: _____

LOCATION: _____

DATE (S): _____

PROGRAM TIME: BEGINS _____

ENDS _____

SET-UP TIME _____

BREAKDOWN TIME _____

Please note that not all equipment is available at all locations. Please check with facility staff.

OF 8 FT. TABLES REQUESTED: _____

OF CHAIRS REQUESTED: _____

OF 9FT./6FT ROUND TABLES REQUESTED: _____

ROOM ARRANGEMENT (Classroom style, theater style, U-shape, etc.):


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FIELD LINED: \_\_\_\_\_

LIGHTS: \_\_\_\_\_

FIELD DRAGGED: \_\_\_\_\_

KEYS TO RESTROOM FACILITIES: \_\_\_\_\_

OTHER PERTINENT INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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CONTACT PERSON: _____

PHONE #: _____

DATE SUBMITTED: _____

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FOR DEPARTMENT USE ONLY

APPROVED BY: _____ DATE: _____

ASSIGNED TO: _____

