



John O. Linde Community Park Rental Application

Organization Name _____

Contact Name _____

Day Phone _____ Evening Phone _____

Email _____

Mailing Address _____

Alternate Contact _____

Day Phone _____ Evening Phone _____

Email _____

Requested Facility: *Circle all that apply* (Multipurpose) (Soccer) (Baseball) (Softball)

Purpose for Use

Dates Requested: *Please attach Dates if a whole season of practices and or multiple games*

Will you need use of: Concession Stand? Yes / No Electronic Scoreboard? Yes / No

Dates Requested _____

Special Notes

*Please attach a copy of your \$1,000,000 liability Insurance, naming **San Juan Island Park and Recreation District** as additionally insured. Deposits & fees are due no less than 1 week prior to facility use date. If concession stand will be in use, Island Rec will need copies of the permit for food service as well as food handler's cards for anyone running the stand. Please submit your paperwork & any questions to Morgan Johnston; Morgan@Islandrec.org*

Please make separate checks out to Island Rec for the Deposit & Facility Use Fee

For Office Use (please initial)

Approved _____ Denied _____ Reason _____

Insurance _____ Date Received _____

Facility Deposit _____ Date Received/Returned ____/____ Facility Fee _____ Date Received _____

Concession Deposit _____ Date Received/Returned ____/____ Concession Fee _____ Date Received _____

Health Department Paperwork _____ Date Received _____