



New Iberia Recreation Department

Cyr-Gates Center - 300 Parkview Drive – New Iberia, LA 70563 – Office 337-369-2337 – Fax 337-369-2364
 Martin L. King Jr. Center – 1200 Field St – New Iberia, LA 70560 – Office 337-369-2394 – Fax 337-369-2304

Location

Facility/Grounds Use Application

Renter Information			
Name of Organization			Primary contact
First name	MI	Last Name	
Mailing/Street Address		City	State Zip
Home phone	Cell phone	Work phone	Email address

Function Information			
Facility/Area/Room requested			
Date of Function	Start Time	End Time	Setup time (if earlier)
Purpose of function		# of attendees	
<input type="checkbox"/> Alcohol/beer will be served	<input type="checkbox"/> Security needed (required with alcohol, see policy requirements)	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Podium
<input type="checkbox"/> Microphone (Sliman only)	<input type="checkbox"/> PA System (Sliman only)		
<input type="checkbox"/> Projection Screen (Sliman only)	<input type="checkbox"/> Special accommodations		

Setup Information					
(See facility specific diagrams for setup availability. Does not apply to outdoor facilities or Oak Room, Meeting Room, or Senior Center. Setup for those facilities is the responsibility of the renter)					
<input type="checkbox"/> Banquet	<input type="checkbox"/> Classroom	<input type="checkbox"/> Theatre	<input type="checkbox"/> Shower	<input type="checkbox"/> Dance	<input type="checkbox"/>
# of Tables _____	# of chairs _____ (Chair weight capacity 200 lbs)				

This section to be completed by Office Staff		
FEES	Staff Notes:	
Base Rental Fee		
Additional Hourly Fee		
Kitchen Fee		
Equipment Fee		
Total Rental & Equipment Fees		
Deposit		
Non-Refundable Fee		
Total Deposits And Fees		
Amount collected	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
Balance Due	Balance Due Date: / /	

I have been given a copy of the rules and policies related to the rental of the above described facility and agree to the terms as described, and acknowledge that any balances due will be paid by the date indicated or the facility will be released for rental by others.	Rental applicant signature	Date
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I have read and reviewed the rules with the applicant	Office staff signature	Date
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	Superintendent signature	Date
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