



## LOG PAVILION USER INFORMATION

ORGANIZATION OR GROUP NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

(CELL) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FACILITY USE DATE(s): \_\_\_\_\_

WHAT TYPE OF FUNCTION IS THIS? \_\_\_\_\_

HOW MANY PEOPLE DO YOU EXPECT TO ATTEND? \_\_\_\_\_

Approx. how many of your guests will travel from outside of Grays Harbor? \_\_\_\_\_

Approx. how many guests will be staying in a hotel? \_\_\_\_\_

FACILITY USE TIMES: Set-up \_\_\_\_\_

Actual Event \_\_\_\_\_

(Please include starting time and ending time)

Will you be serving ALCOHOL? \_\_\_\_\_

If YES, please fill out the following:

Will you be SELLING or SERVING alcohol? Who will be providing alcohol? \_\_\_\_\_

(Please circle one or both)

\*\*If yes, a WSLCB permit and \$1million liability insurance are required Date received: \_\_\_\_\_

Insurance Provider Name: \_\_\_\_\_

Will you need the portable bar? \_\_\_\_\_ Will you be hiring a DJ? \_\_\_\_\_

Do you need the PA System & Microphone? \_\_\_\_\_ Plug&Play/AUX? \_\_\_\_\_

Do you need the Television? \_\_\_\_\_ Podium? \_\_\_\_\_ Screen? (must provide your own projector) \_\_\_\_\_

Need the kitchen equipment? \_\_\_\_\_ Who will be preparing/serving the food? \_\_\_\_\_

### WHAT ARE YOU USING FOR DECORATIONS?

\_\_\_\_\_

Office Use ONLY: \_\_\_\_\_

Please return this form with your application

Aberdeen Parks & Recreation, attn: Austin Weber

200 E. Market Street

Aberdeen, WA 98520

(360)537-3248

Checks made payable to: City of Aberdeen