



# Facility Rental Application

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

**Clement Ball Park**  
3220 Maxwell Rd  
Autryville, NC 28318

**Western District Park**  
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)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Picnic Shelter or Stage \$15/hr min of 3hrs   | <input type="checkbox"/> Ball field Drag/Mound/Restroom \$15/hr min of 3hrs        | <input type="checkbox"/> Ballfield Rental (With Lights) \$10 for 3hrs |
| <input type="checkbox"/> Ballfield Rental (Marked) \$20/hr min of 3hrs | <input type="checkbox"/> Ballfield Rental (Marked with Lights) \$10/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.
4. 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.
5. I understand SCPR will be responsible for opening and closing the facility during the time of the rental.
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 fee.
7. I understand that I am responsible for any damages to property during the hours of my rental. I further understand the facility will be inspected and I will be charged for repair cost including a \$30 per hour maintenance fee.
8. I understand that in order for my rental fee to be returned, any cancellation must be done 48 hours in advance.

\_\_\_\_\_ Date \_\_\_\_\_ (Printed name) \_\_\_\_\_ Signature  
*Applicant*

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 \_\_\_\_\_