



5338-G George Wash. Mem. Hwy.  
Yorktown, VA 23692

# NEW QUARTER PARK USE PERMIT REQUEST

Mail to:

County of York, Parks & Recreation  
P. O. Box 532, Yorktown, VA 23690 (757) 890-3500



1000 Lakeshead Dr.  
Williamsburg, VA 23185

Organization Submitting Request: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Person in Charge: \_\_\_\_\_ Title: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

### TYPE OF ORGANIZATION:

**COMMUNITY/COMMERCIAL** The Organization and Sponsor or Individual shall deliver a certificate of insurance from a carrier acceptable to York County, specifying a \$1,000,000 limit of General Liability Coverage, along with the proper endorsements that specifically state that the County of York, Virginia, its respective Officers, Agents and Employees, are Additional Insured, with primary status, without participation from the County's insurers. The Certificate of Insurance and required Endorsements must be provided prior to approval of the facility request. In addition, the Organization and Sponsor or Individual shall agree to immediately notify, in writing, to York County of any changes, modifications and/or termination of the required insurance coverage and/or policy that occurs prior to or during the use of the facility.

The amount of insurance coverage stated above is a minimum requirement. A higher amount of insurance may be required by the County of York, Virginia.

**INDIVIDUAL** (Additional insurance is not typically required; however, York County reserves the right to require a certificate of insurance.)

Event Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Specific areas to be used (shelter, fire circle, overflow parking, etc.): \_\_\_\_\_

Planned Activity (please be specific): \_\_\_\_\_

Will catering services be used?  Yes  No

Will any special entertainment (DJ, etc.) be used?  Yes  No

Select 1 or more	Shelter	Capacity	*Daily Rate	Daily Rate
<input type="checkbox"/>	1	100	\$100	\$150
<input type="checkbox"/>	2	40	\$50	\$75
<input type="checkbox"/>	3	25	\$50	\$75
<input type="checkbox"/>	4	20	\$50	\$75
<input type="checkbox"/>	Fire Circle		\$25	\$50

Refunds will not be issued for inclement weather. If possible, event may be rescheduled.

**\*York County Residents ONLY**

Estimated Maximum Attendance: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_

By signing below, the applicant agrees to abide by the **CONDITIONS OF USE** on the reverse side of this form.

\_\_\_\_\_  
(Authorized Signature) (Title) (Date)

### For Office Use Only

Date Application Received: \_\_\_\_\_ Date Confirmation Sent: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Special Conditions imposed by York County: \_\_\_\_\_

Comments \_\_\_\_\_

This authorizes the above organization to use the facility as indicated. The applicant should carry this form in person during said event.

\_\_\_\_\_  
(Authorized Signature) (Title) (Date)