

## CITY OF MARGATE FACILITY RENTAL APPLICATION

NAME OF INDIVIDUAL  
OR ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

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

PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

FACILITY REQUESTED:

Leonard Weisinger Community Center \_\_\_\_\_

Game Room \_\_\_\_\_ The Charley Katz Community Center \_\_\_\_\_

Purpose for Rental: \_\_\_\_\_

Anticipated Number of Attendees: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Time Requested \_\_\_\_\_

Will you be serving food? \_\_\_\_\_ Alcoholic beverages? \_\_\_\_\_

Rental fee amount due \$ \_\_\_\_\_ Security deposit amount due \$ 200

Should you require additional staff assistance please call the number listed below

Monday- Friday	9am-5pm	Adm. Office	972-6458
Monday- Friday	5pm-10pm	Firefighters Park	255-3501
Sat & Sun	9am-noon	Park Security Staff	896-1935 or 972-4996
Sat & Sun	noon-11pm	Firefighters Park	255-3501

I have received copy of rental guidelines. \_\_\_\_\_

Renters Signature

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

George T. McNeill  
Director – Parks and Recreation

Supervisors Initial \_\_\_\_\_

Record of Payment

DATE	AMOUNT	RECEIPT #	RENTAL/SECURITY	STAFF