

City of Margate Parks and Recreation Department Rental Application

NAME OF RENTER: _____

CONTACT PERSON: _____

ADDRESS: _____

Email Address: _____

Phone Contact Numbers (daytime/evening): _____

FACILITY REQUESTED:

___ Leonard Weisinger Community Center ___ Leonard Weisinger Meeting Room

___ Charley Katz Community Center ___ Calypso Cove Training Room

___ Pavilion at (list name of park): _____

___ Field/court/playground at (list name of park): _____

___ Mobile stage

Date(s) Requested: _____ Time Requested _____

Purpose for Rental: _____

Number of Attendees: _____

Will you be serving: Food _____ Alcoholic beverages? _____

Rental fee amount due \$ _____ Security deposit amount due \$ _____

I have received a copy of the City of Margate Rental Guidelines:

Renters Signature

Date

Approved Not Approved _____

Michael A. Jones
Acting Assistant Director

Record of Payment

DATE	AMOUNT	RECEIPT #	RENTAL/SECURITY	STAFF

Should you require additional staff assistance on the date of your rental please call:

Monday- Thursday	8am-6pm	Adm. Office	954-972-6458
Monday- Thursday	6pm-10pm	Firefighters Park	954-255-3501
Sat & Sun	9am-noon	Park Security Staff	954-295-6363
Sat & Sun	noon-11pm	Firefighters Park	954-255-3501