

Facility Request Form

NEWTON RECREATION COMMISSION 415 N. POPLAR NEWTON, KS 67114 (316) 283-7330 WWW.NEWTONREC.ORG

RENTAL INFORMATION, POLICIES, & PROCEDURES

Reservation forms are available at the Newton Activity Center during business hours and on the Newton Recreation Commission's website, www.newtonrec.org.

To rent a facility simply fill out the form and return it to NRC with the appropriate payment and deposit. Room must be rented for a minimum of one hour. After the initial hour, room can be prorated. **Before a rental is finalized, it must be approved by the Superintendent of Recreation.** If rental is denied, NRC Staff will notify you.

Most of our facilities require a damage/cleaning deposit which is separate from the rental amount. To insure the return of your entire deposit, please make sure the facility is left clean and undamaged.

To ensure adequate time for setup and cleanup, these periods must be included in your reservation. Any time not specified in the reservation may incur additional charges.

The kitchen is included with the rental of the Sunflower Room, which gives you access to a refrigerator, freezer, ice machine, stove, oven, and sink.

NRC will set up the facility according to your requests for an additional fee. A Facility Set Up Request form must be filled out if you would like this service. These forms are available at NRC during normal operating hours.

All rentals must follow NRC rules. Alcohol is not permitted on the premises. All signs and banners must be approved (for content and location) by NRC staff before being displayed.

		REQUEST FOR USE	OF FACILITIE	S							
NAME: TODAY'S DATE:											
ROOM(S) DESIRED:	ACTIVITY:										
POOL RENTAL(CIRCLE ONE):	FRIDAY 5:00-6:00	SATURDAY 1:00-2:00	OO SATURDAY 3:30-4:30			SUNDAY 1:00-2:00			SUNDAY 3:30-4:30		
DATE(S) DESIRED:		CIRCLE DAY(S)	OF WEEK:	М	Т	W	TH	F	SAT	SUN	
ATTENDANCE EXPECTED:											
STARTING TIME (WITH SET UP): ENDING TIME (W): _					
SPECIAL REQUEST:											
TABLES NEEDED:	CH	IAIRS NEEDED:		Food	SERVI	ED:		YES		No	
ROOM SET UP REQUESTED (EXTRA CHARGE):										
CONTACT NAME:											
ADDRESS:											
CITY/STATE:				ZIP:							
PHONE:			E-MAI	L:							

I have read, understand and agree to the dates, times and locations stated above. I understand this form is not considered as confirmation and if reservation is denied, NRC staff will notify me. I understand and agree to the terms, policies and procedures set forth by the Newton Recreation Commission.

SIGNATURE DATE

NRC STAFF USE ONLY											
FEES:	YES	No			DEPOSIT REQUIRE	D:	YES	No			
Extra St.	aff R equire	ED:									
CHECK/CREDIT CARD/CASH:					DEPOSIT:						
RECEIPT NUMBER:					Tomas Assessment on Branch						
Staff Signature:					DATE:						
APPROVE	As Reques	TED:	YES	No							
Lifeguar	D:										
DATE CONFIRMATION SENT:					SENT VIA:						
DEPOSIT F	RETURNED:										