



Thank you for choosing New Bern Parks & Recreation for your event or permit. The purpose of this form is to obtain information <u>before</u> the application or permit process is requested. All requests are to be returned to Parks & Recreation Administration; requests include, but not limited to parks, open spaces, ball fields, streets, festivals, parades, road races and rallies.

If requesting the use of a recreation center, complete and return to the facility of choice (contact facility at bottom of page); approval of application is at the discretion of the Center Supervisor.

Please note: When requesting the use of City facilities for event purposes, allow for a minimum of 60 days prior to the requested event date for consideration; for permits, allow for a minimum of 30 days prior to the requested permit date for consideration. Completing a pre-event or permit questionnaire does not guarantee approval.

Name:	Today's Date:			
Address:	City:			
State: Zip:	Telephone:	Cell:		
E-mail address:				
Facility Requested (check one):	Stanley White Rec. Center _	West New Bern Red	c. Center	
George St. Park Spray Ground	New Bern Aquatics Center	Athletic Field	City Park	
Other (example: Open Space/Ba	Ill Field/Street):			
Date of Event:	Hours: From:	То:		
Purpose of Event:				
Is this an ongoing event?Yes	No (if yes, please explain, in	clude dates & times:		
Are you requesting closure and/or use	of State-owned streets/bridges	in the City limits of Ne	w Bern?Y*N	
*If yes, a 90-day notice is required by DOT regu returned to NCDOT. If you require this form, ple attached the following: a map of the route: alor	ase let our office know and we will suppl	y one for you. Once the NCE	OOT Special Events Form is complete	
Is event for fundraising purposes?	YesNo (If yes, please provide	e non-profit or not-for-profit c	organization name and tax I.D.	
Number) Organization Name:	ID #:			
Projected Attendance: Will y	ou be charging admission?	_YesNo (If yes, s	state how much \$)	
Note: Security may be required at the organized	anizers expense, given the attenda	nce and projected nature	of the event.	
Recreation Center:	please check th	ie area(s) you are requ	esting	
Meeting RoomKitchen	Multi-purpose RoomGar	ne RoomFitness	RoomGymnasium	
Park Name:	Please check the	e area(s) you are reque	sting.	
ShelterOpen Sp	aceStageGazeb	oOther:		
Electricity?YesNo (Che	eck one) Water?Yes _	No (Check one	e)	
Signature	Title (if applicable)	(Dat	e)	

FOR OFFICE USE ONLY

Favorable ReviewY _	N Request denied	YN	
If denied, state reason:			
Paid Event:	Sponsored Event:	Rental fee:	_
Center Supervisor's Signa	ature:	Date:	
Parks & Recreation Direct	tor's Signature:	Date:	

Parks & Recreation Admin.: 252-639-2901(fax: 636-4138) **West New Bern Rec, Ctr.: 252-639-2912 (fax: 636-0861) ** **Stanley White Rec. Ctr.: 252-639-2919 (fax: 636-0676) **New Bern Aquatic Ctr.: 252-639-2980 **George St. Spray Ground: 252-633-6679**