



New Bern Parks & Recreation Pre-Event or Permit Questionnaire

Thank you for choosing New Bern Parks & Recreation for your event or permit. The purpose of this form is to obtain information before the application or permit process is requested. If requesting the use of a recreation center, complete and return to the facility of choice(contact facility...bottom of page); all other requests are to be returned to Parks & Recreation Administration; requests include, but are not limited to parks, open spaces, ball fields, streets, festivals, parades, road races, and rallies.

If your activity receives a favorable review, you will be invited to complete an event or permit application within ten (10) business days; to complete the process. Completing an event application 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 Rec. Center
 George St. Park Sprayground New Bern Aquatics Center Athletic Field City Park
 Other (example: Open Space/Ball Field/Street): _____

Date of Event: _____ Hours: From: _____ To: _____

Purpose of Event: _____

Is this an ongoing event? Yes No (if yes, please explain, include dates & times:

Are you requesting closure and/or use of State-owned streets/bridges in the City limits of New Bern? Y* N

*If yes, a 90-day notice is required by DOT regulation to gain permission to use/close State roads/bridges. A Special Event Form must be completed and returned to NCDOT. If you require this form, please let our office know and we will supply one for you. Once the NCDOT Special Events Form is complete, attached the following: a map of the route: along with a certificate of insurance naming the City of New Bern and NCDOT as an additional insured.

Is event for fundraising purposes? Yes No (If yes, please provide non-profit or not-for-profit organization name and tax I.D. number) Organization Name: _____ ID #: _____

Projected Attendance: _____ Will you be charging admission? Yes No (If yes, state how much \$ _____)

Note: Security may be required at the organizers expense, given the attendance and projected nature of the event.

Recreation Center: _____ please check the area(s) you are requesting
 Meeting Room Kitchen Multi-purpose Room Game Room Fitness Room Gymnasium

Park Name: _____ Please check the area(s) you are requesting. _____ Shelter
 Open Space Stage Gazebo _____ Other: _____

Electricity? Yes No (Check one) Water? Yes No (Check one)

Signature Title (if applicable) (Date)

FOR OFFICE USE ONLY

Favorable Review ___Y ___ N

Request denied ___Y ___N

If denied, state reason: _____

Paid Event:_____ Sponsored Event:_____ Rental fee:_____

Center Supervisor's Signature:_____ Date:_____

Parks & Recreation Director'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. Sprayground: 252-633-6679****