



PBC Parks & Recreation Department

Dr. André Fladell Civic Center

16700 Jog Road

Delray Beach, FL 33446

Phone: 561-495-9813 Fax: 561-496-7483

Facility Rental Request

Today's Date: _____

Please Check Box of Rental Space Requested:

- ☐ Classroom ☐ 1 or ☐ 2 ☐ combined (1 & 2)
☐ ¼ Assembly Room ☐ w/ kitchen ☐ w/o kitchen
☐ ½ Assembly Room ☐ w/ kitchen ☐ w/o kitchen
☐ Full Assembly Room ☐ w/ kitchen ☐ w/o kitchen

Organization Name: _____

Organization: Profit or Non-Profit If non-profit, provide documentation of 501 status.

Tax Exempt: Yes or No If yes, provide copy of tax exempt certificate.

Contact Person:

Address: _____ City: _____ Zip Code: _____

Cell Phone: _____ Home/Business Phone: _____

Primary Email Address:

Alternate Contact Person: _____ Phone: _____

Alt. Email Address: _____

Requested Date & Time (please indicate a.m. or p.m.):

Single Use: Date _____ Hours: From _____ to _____

Monthly: Day of the Week _____ Start Date: _____ End Date: _____

Event Hours: From _____ to _____ Set-up time: From _____ to _____

Type of Event: _____ **# of People Attending:** _____

Set Up Style: ☐ Banquet ☐ Board Meeting ☐ Theatre ☐ Classroom ☐ Other

Program Information (please check all appropriate categories)

- ☐ Private Function ☐ Political ☐ Food/Beverage Served
☐ Meeting ☐ Religious ☐ Entertainment (please describe) _____
☐ Educational ☐ Fundraiser ☐ Other (please describe) _____

Check the appropriate activities for your event:

- ☐ Admission or ticket charge ☐ Event Advertising ☐ Sales of food, beverages or merchandise

Alcohol:

Will you be serving alcohol at your event? ☐ Yes* ☐ No ***Note: If Yes -Insurance Required**

Will you be selling alcohol at your event? ☐ Yes* ☐ No ***Note: If Yes -Sales Permit & Insurance Required**

Security:

Is security needed at your event? ☐ Yes ☐ No

Depending on event type, security may be required.

Equipment Needs:

- ☐ Podium ☐ Microphone ☐ Wireless Microphone ☐ LCD Projector
☐ Easel ☐ TV/DVD Player ☐ Coffee Urn(s)

Vendors:

List all vendors and the services they are providing for your event:

*Vendors must provide proof of insurance naming Palm Beach County Board of County Commissioners as Certificate holder and Additional Insured. Additional coverage will be required if alcoholic beverages are sold.

Please include any additional information not requested on the application.



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Policies & Regulation Statement: I have received the five page Dr. André Fladell Civic Center Facilities Policies and Regulations, have reviewed them, and agree to abide by them.

Signed: _____ **Date:** _____

Rental Indemnification:

"I, the Permittee, in consideration for using Facilities at Dr. André Fladell Civic Center, agree to protect, defend, reimburse, indemnify and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, damages, or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of or in connection with Permittee, its members, volunteers, participants, officials, agents, employees, subcontractors (hereinafter "Permittee's Affiliates") use of facilities at Dr. André Fladell Civic Center. Permittee hereby assumes the risks associated with Permittee's and Permittee's Affiliates use of facilities at Dr. André Fladell Civic Center.

In the event County shall be made a party to any litigation commenced against Permittee or Permittee's Affiliates by Permittee or Permittee's Affiliates against any third party, Permittee shall protect and hold County harmless and pay all costs and attorney's fees incurred by County in connection with such litigation and any appeals thereof. This provision shall survive expiration or termination of this Permit.

This Permit shall be governed by the laws of the State of Florida, and is intended to be interpreted as broadly as possible. I, Permittee, agree that exclusive jurisdiction and venue against Palm Beach County, its agents, designees, employees and elected officials shall be in Palm Beach County. If any part of this Permit is determined unenforceable, all other parts shall remain in effect."

X _____
Signature of Authorized Rental Representative Printed Name Date Signed

Group Name: _____

Rental Date: _____ **Reservation #:** _____

List person(s) responsible for ensuring all rules are followed on day of event (must be on-site during entire event):
