

CITY OF BUSHNELL

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117 E. Joe P. Strickland, Jr. Ave.
Bushnell, Florida 33513

FACILITY USE APPLICATION

If approved, this application will be subject to the use agreement that is attached to this form and to the charges indicated below.

Date of Application: _____ Name of Event: _____

Date(s) of Request: _____ Actual Event Hours Start: _____ End: _____
(All events must end no later than 10 pm)

Lights Requested: Yes No Actual Light Times Start: _____ End: _____

Set Up Hours Start: _____ End: _____ Breakdown Hours Start: _____ End: _____

Please check park(s) being requested:

Kenny Dixon Bushnell Community Center Dr. Martin Luther King, Jr.
Fields Requested: _____

Name of Organization/Renter: _____

Check Type of Organization: Not for Profit For Profit Individual Government

Tax Exempt: Yes No If Yes you must provide your Tax Exempt #: _____

Event Contact: _____ Email: _____

Day Phone: _____ Cell Phone: _____ Other Phone/Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Secondary Contact: _____ Phone #: _____

Briefly Describe Event/Activity/League/Tournament (including fees to be charged if any): _____

Event Participants: _____ Expected Attendance: _____ # of Vehicles: _____

Are you planning on having food? Yes No Type of food: _____

Are you planning on selling food? Yes No Type of food: _____

Do you have any special requests/requirements: (i.e. Equipment needed, Field Lining, Lighting, Goals/Bases, Set-up, etc.):

Do you intend to set up tents? Yes No If Yes, then how big, how many and location(s)? _____

(Please attach proposed event layout, as a special tent permit may be required)