



West Jupiter Recreation Center

6401 Indiantown Road, Jupiter, FL 33458
(561) 694-5430 Office (561) 747-6422 Fax

Office Hours: Monday-Friday 1:00pm-9:00pm Saturday 9:00am-12:00pm www.pbcparcs.com

Customer Information	Today's Date: _____	<input type="checkbox"/> Private <input type="checkbox"/> Civic
Contact Person _____ Phone(s)# _____ Organization Name _____ Phone(s)# _____ Address _____ City/State _____ Zip Code _____ Email Address _____ Fax Number _____ Civic Groups: Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No * to receive tax exemption, a valid copy of tax exempt form must be submitted at time of request and the name of the organization on the form MUST Match the name on the check/credit card used for payment.		
Facility Request Details	Type of Event: _____ <input type="checkbox"/> New Customer <input type="checkbox"/> Repeat	
<p><i>*All reservation changes/requests must be made no less than 14 days before event date. A \$25 incident charge applies if customer fails to follow rules and regulations or fails to provide accurate information about event.</i></p>		
Date(s) Requested: 1 st Choice _____ 2 nd Choice _____ <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Event Start Time: _____ AM/PM Event End Time: _____ AM/PM Clean up MUST begin at or before the event end time & must be completed within 1 hour or additional fees will apply. User must ensure all guests depart premises (including parking lot) immediately after event or additional fees will apply.		
Room(s) Requested: *Check all that apply <input type="checkbox"/> Gymnasium <input type="checkbox"/> Single Room <input type="checkbox"/> Double Room		
Equipment Requested: *Check all items requested. <input type="checkbox"/> Tables (list # requested next to table type): ___ Round ___ 6 ft Rectangle ___ 8ft Rectangle <input type="checkbox"/> Chairs # _____		
Additional Requests: _____ Approximate Attendance (guests/participants/spectators): _____		
Does your event include any of the following? *Check all that apply <input type="checkbox"/> Event is Open to the Public <input type="checkbox"/> Hiring Vendors <input type="checkbox"/> Fund-Raising <input type="checkbox"/> Selling Food <input type="checkbox"/> Selling Merchandise <input type="checkbox"/> Charging Admission		
Internal Use Only	Manager Signature _____ Date _____	
Rental Fee Type: <input type="checkbox"/> Private <input type="checkbox"/> Civic Insurance Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Deposit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Valid Tax Exempt on file: <input type="checkbox"/> Yes <input type="checkbox"/> No Official Documentation of Not-for-Profit Status on file: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Reason if Disapprove: _____ Notes from Manager: _____ Full payment due by: _____ All Group members must depart premises NO later than: _____		