

# Exhibit A

## **Application Form / Williamson County Parks and Recreation**

**Individuals and/or Organized Groups are required to fill out this application at least 45 days in advance and in its entirety, in order for your request to be considered and approved for use of any Williamson County Parks and Recreation facility or amenity. (Excludes the Enrichment Center and the Performing Arts Center)**

*Please fill out application in blue ink.*

Today's Date: \_\_\_\_\_

Individual/Organization Name: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Type of Organization: (Please place an X in the appropriate category:)

\_\_\_\_ General Public/Business

\_\_\_\_ Government Agency

\_\_\_\_ Scholastic

\_\_\_\_ Non Profit 501c3 / Club Sports

**If your Organization is a Non-Profit (501c3), please attach your current 501c3 IRS Determination Letter to this application.**

You may be required to provide a Certificate of Insurance with at least \$1 million Single Limit Liability and \$1 million General Aggregate Liability.

Do you currently have a Certificate of Insurance? YES / NO

If yes, does it cover the requested rental dates? YES / NO

Description of Program, Sport or Event, You/Organization would like to provide? \_\_\_\_\_

\_\_\_\_\_

Program, Sport or Event Name(s): \_\_\_\_\_

Will Concessions or Food items be Sold or Served at your Program, Sport or Event? \_\_\_\_\_

Facility/Location Requested (some sites may not apply): \_\_\_\_\_

Amenities Requested: \_\_\_\_ Indoor Field \_\_\_\_ Outdoor Field \_\_\_\_ Gym \_\_\_\_ Meeting Room \_\_\_\_ Indoor Pool

\_\_\_\_ Outdoor Pool \_\_\_\_ Tennis Courts \_\_\_\_ Other: \_\_\_\_\_

Requested Time(s): Dates \_\_\_\_\_ Day(s): \_\_\_\_\_

Time(s): \_\_\_\_\_ AM / PM

Total Number of Participants in your Organization or Participating in your event: \_\_\_\_\_

Will participants be made up of at least 70% Williamson County Residents YES / NO

**If yes, documentation may be requested**

**Event/Organization information:**

Is there a fee to participate in your organization program, sport, activity? YES / NO

**If yes, amount: \$** \_\_\_\_\_

Does this organization have paid staff? Director, Coach, Instructors, Office Staff YES / NO

**If yes, who?** \_\_\_\_\_

Does your organization have a Board of Directors? YES / NO

**If yes, you may be asked to provide a list of Board of Directors**

Does your Organization hold (tryouts) in order to participate in Program, Sport, or Event? YES / NO

Is your Organization open to the public? YES / NO

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Please sign below in blue ink:

<b>Individual/Organization Representative</b>	<b>Date</b>	<b>WCPR Athletics Superintendent</b>	<b>Date</b>

**Mail or email your request to:**  
Williamson County Parks and Recreation  
Attention: Gary Hathcock

Address: 920 Heritage Way Brentwood, TN 37024  
Phone: (615) 370-3471 Email: Gary.Hathcock@williamsoncounty-tn.gov

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***To be completed by the WCPR Athletics Superintendent***

**Request:** Approved / Denied    **Approval Date:** \_\_\_\_\_    **Fee to rent facility:** YES / NO

**Insurance Approved:** YES / NO    **IRS Determination letter:** YES / NO / N/A

**Residency Documentation:** YES / NO / N/A

Additional Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_