



City of Tukwila Parks and Recreation Department
"Creating Community through People, Parks, & Programs"

APPLICATION FOR WAIVER/REDUCTION OF RENTAL FEES

Submit proof of 501(c)3 status with application.

Non-Profit Organization: _____

Organization Address: _____ City: _____ Zip: _____

Primary Contact Person: _____

Phone: (____) _____ E-mail Address: _____

Alternate Contact Person: _____

Phone: (____) _____ E-mail Address: _____

Please describe the Intent/Purpose of the Organization (attach additional pages if necessary):

Please describe the purpose of your event (attach additional pages if necessary):

Is this meeting/event open to the public? Yes No

If no, then who will be attending the meeting/event? _____

Does your organization carry liability insurance? Yes No

If yes, who is your insurance carrier? _____

Is this request for a waiver of rental fees for monthly meetings? Yes No

If yes, please indicate your facility needs: _____

Estimated Attendance: _____

Preferred Meeting/Event Date: _____ Preferred Meeting Time: _____ to _____

Preferred Meeting Day: MON TUES WEDS THURS

--OVER--

NOTE: If application is approved, you are required to submit a completed Tukwila Community Center Reservation Application for each meeting and/or event.

Authorization:

I hereby warrant and certify that I am the authorized representative of the organization named above, that the statements are true to the best of my knowledge, and that our organization and I agree to be bound by the regulations and policies governing the rental use of the Tukwila Community Center.

Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY

Date Received: ____/____/____

APPROVED FOR:

- Monthly Meetings.
- One-time event at reduced rate of: _____

DENIED

Reason: _____

Application Expiration Date: ____/____/____

Facility Coordinator Initial: _____ Date: ____/____/____

Recreation Superintendent Initial: _____ Date: ____/____/____

Parks and Recreation Director Initial: _____ Date: ____/____/____