

**CITY OF LEXINGTON**  
**Public Works Department**  
**890 Shop Road**  
**Lexington, Virginia 24450**  
**[540] 463-3154; fax [540] 464-4198**

**APPLICATION FOR  
 USE OF RECREATION FACILITIES**

Name of applicant organization: \_\_\_\_\_

Type of organization: \_\_\_\_\_

Sponsor of applicant organization (if any): \_\_\_\_\_

| Facility requested:                                                                    | Date(s) requested | Day of Week | Time of use |
|----------------------------------------------------------------------------------------|-------------------|-------------|-------------|
| <input type="checkbox"/> Brewbaker Field                                               | _____             | _____       | _____       |
| <input type="checkbox"/> Brewbaker Picnic Area                                         | _____             | _____       | _____       |
| <input type="checkbox"/> Brewbaker Timber Frame                                        | _____             | _____       | _____       |
| <b>**Availability for Brewbaker Timber Frame may be limited due to athletic events</b> |                   |             |             |
| <input type="checkbox"/> Fox Field                                                     | _____             | _____       | _____       |
| <input type="checkbox"/> Hopkin's Green                                                | _____             | _____       | _____       |
| <input type="checkbox"/> Jordan's Point Pavilion                                       | _____             | _____       | _____       |
| <input type="checkbox"/> Jordan's Point Playing Field                                  | _____             | _____       | _____       |
| <input type="checkbox"/> Richardson Park                                               | _____             | _____       | _____       |
| <input type="checkbox"/> Skateboard Park                                               | _____             | _____       | _____       |
| <input type="checkbox"/> Other                                                         | _____             | _____       | _____       |

Will a tent be installed? \_\_\_\_\_

Type of activity (softball, picnicking, swimming, etc.): \_\_\_\_\_

Purpose of activity (check one):  
 Individual profit                       Team profit  
 Profit for charity                       Pleasure outing  
 Other: \_\_\_\_\_

List names of three individuals whom you designate as representatives of the organization:

| Name     | Address | Phone |
|----------|---------|-------|
| 1. _____ | _____   | _____ |
| 2. _____ | _____   | _____ |
| 3. _____ | _____   | _____ |

The above information is true to the best of my knowledge and belief.  
 I understand that this reservation is **not** confirmed until written approval is received.

Applicant's signature \_\_\_\_\_ E-mail address \_\_\_\_\_ Date \_\_\_\_\_

| Recommendations:                     | Usage Fee:       |
|--------------------------------------|------------------|
| <input type="checkbox"/> Approved    | _____            |
| <input type="checkbox"/> Disapproved | _____            |
| Public Works Director                | _____ Date _____ |
| <input type="checkbox"/> Approved    | _____            |
| <input type="checkbox"/> Disapproved | _____            |
| RARO Director                        | _____ Date _____ |
| <input type="checkbox"/> Approved    | _____            |
| <input type="checkbox"/> Disapproved | _____            |
| City Manager                         | _____ Date _____ |