

**WHITEHALL PARKWAY
FACILITY USAGE QUESTIONNAIRE**

NAME OF GROUP _____ TODAY'S DATE _____

DATE OF USAGE _____ TIME OF USAGE _____ TO _____

_____ TIME OF USAGE _____ TO _____

PURPOSE OF USAGE _____

CONTACT PERSON _____

ADDRESS _____ PHONE _____

EXPLAIN ACTIVITY PLANNED _____

AREA TO BE USED _____

OVERNIGHT STAY? YES _____ NO _____ NUMBER OF PARTICIPANTS _____

ARE YOU PLANNING A CAMPFIRE IN THE DESIGNATED AREA? YES _____ NO _____

SUPERVISOR TO BE PRESENT DURING ENTIRE STAY _____
(NAME)

I HAVE BEEN GIVEN A COPY OF THE RULES AND REGULATIONS, AND I UNDERSTAND THEM AND WILL ABIDE BY THEM. YES _____ NO _____

SIGNATURE OF APPLICANT _____

AUTHORIZED BY: _____ DATE _____
BUREAU CHIEF OF RECREATION

COPIES TO:

- Bureau of Police
- Bureau of Fire
- Township Executive
- EAC Council Representative