

**DESOTO PARISH 4-H EXHIBITION FACILITY
APPLICATION FOR USE**

Return to:
DeSoto Parish Police Jury
P.O. Box 898
Mansfield, LA 71052

Group Name: _____ Date: _____

Mailing Address: _____

City, State, Zip: _____ Telephone: _____

Person Responsible: _____ Age: _____

***Must be at least 25 years old.
*Must provide copy of Drivers License.**

Mailing Address: _____

City, State, Zip: _____ Telephone: _____

Purpose: Describe in detail the event or activity that will be held in the 4-H Exhibition Facility. The DeSoto Parish Police Jury reserves the right to deny certain types of functions.

Event Name: _____

Number of Attendees anticipated: _____

Date(s) & hours requested for use of facility: _____

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Is your group a non-profit organization? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Will admission be charged? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Will food be served? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Will non-alcoholic beverages be served? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If food is served, will the food be for sale? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If non-alcoholic beverages are served, will the beverages be for sale? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Will alcoholic beverages be served? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

The undersigned, representing the reserving group, agrees to assume the responsibility for clean-up and repairs that result from use of the facility. The undersigned further agrees that the security deposit may be used to correct problems resulting from the reserving groups' use of the facility if so required by the Police Jury. The security deposit held by the Police Jury will be returned after an inspection by a designated Police Jury employee has confirmed that the facility is in pre-event condition.

For Office Use Only

Group Representative

Date

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Security Deposit (\$300.00) Attached? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| User Fee (\$150.00 per day) Attached? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Certificate of Liability Insurance Attached? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Revision Date: 3/01/2012

Approved By _____ Date _____