



West Jupiter Recreation Center

6401 Indiantown Road, Jupiter, FL 33458
(561) 694-5430 Office (561) 747-6422 Fax

Office Hours: Monday-Friday 1:00pm-9:00pm Saturday 9:00am-12:00pm www.pbcparcs.com

Customer Information	Today's Date: _____	<input type="checkbox"/> Private <input type="checkbox"/> Civic
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Contact Person _____ Phone(s)# _____
Organization Name _____ Phone(s)# _____
Address _____ **City/State** _____ **Zip Code** _____
Email Address _____ **Fax Number** _____

Civic Groups: Tax Exempt Yes No * to receive tax exemption, a **valid copy** of tax exempt form **must be submitted at time of request** and the **name of the organization** on the form **MUST Match** the name on the check/credit card used for payment.

Facility Request Details	Type of Event: _____ <input type="checkbox"/> New Customer <input type="checkbox"/> Repeat
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All **reservation changes/requests must be made **no less than 14 days** before event date. A **\$25 incident charge** applies if customer fails to follow rules and regulations or **fails to provide accurate information about event.***

Date(s) Requested: 1st Choice _____ 2nd Choice _____
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Event Start Time: _____ AM/PM **Event End Time:** _____ AM/PM
 Clean up **MUST begin at or before the event end time** & must be completed **within 1 hour** or additional fees will apply. User must ensure all guests **depart premises (including parking lot) immediately** after event or additional fees will apply.

Room(s) Requested: *Check all that apply
 Gymnasium Single Room Double Room

Equipment Requested: *Check all items requested.
 Tables (list # requested next to table type):
 ___ Round ___ 6 ft Rectangle ___ 8ft Rectangle
 Chairs # _____

Additional Requests: _____
Approximate Attendance (guests/participants/spectators): _____

Does your event include any of the following? *Check all that apply Event is Open to the Public
 Hiring Vendors Fund-Raising Selling Food Selling Merchandise Charging Admission

Internal Use Only	Manager Signature _____ Date _____
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Rental Fee Type: Private Civic **Insurance Required:** Yes No **Deposit Required:** Yes No
Valid Tax Exempt on file: Yes No **Official Documentation of Not-for-Profit Status on file:** Yes No
 Approve Disapprove Reason if Disapprove: _____
 Notes from Manager: _____
Full payment due by: _____ **All Group members must depart premises NO later than:** _____