



Rental Request Form

234 E. Parkway Boulevard, Coppell TX. 75019

972-304-7077 / CORE@Coppelltx.gov

Applicant's Information

Name: _____ M / F Birthdate: _____

Address: _____

Cell Phone: _____ Text Alerts: Y or N Phone Carrier: _____

Alternate Phone: _____ Email Address: _____

Emergency Contact Information

Name: _____ Relation: _____

Primary Phone: _____ Secondary Phone: _____

Rental Options and Rates

	Resident	Non-Resident	
<input type="checkbox"/> Multipurpose Room Rental	\$35 per hour	\$45 per hour	<input type="checkbox"/> Multipurpose Room A <input type="checkbox"/> Multipurpose Room B
<input type="checkbox"/> Outdoor Cabana # 4 Rental	\$35 per hour	\$45 per hour	Exclusive use of Outdoor Cabana #4. Includes 12 covered 6' picnic tables.
<input type="checkbox"/> ½ of Gymnasium Rental	\$40 per hour	\$45 per hour	Exclusive use of the West Side of the Gymnasium.
<input type="checkbox"/> After-hours Facility Rental	\$150	\$170	Includes exclusive use of the Lobby, Multi-purpose Room, and Gymnasium 6:30pm – 8:30pm on Saturday or Sunday.
<input type="checkbox"/> After-hours Indoor Pool Rental	\$300	\$350	Includes exclusive use of the Indoor Pool 6:30pm – 8:30pm on Saturday or Sunday.

Party Add-on Options

<input type="checkbox"/> 1 – 10 Swimmers	\$4 per swimmer	\$6 per swimmer	Qty: _____
<input type="checkbox"/> 11+ Swimmers	\$3 per swimmer	\$5 per swimmer	Qty: _____
<input type="checkbox"/> 3 large, 1-topping pizzas	\$40		
<input type="checkbox"/> Additional 1-topping pizza	\$15 per pizza		Qty: _____
<input type="checkbox"/> 10 Ice Cream Treats	\$10		
<input type="checkbox"/> 5 Additional Ice Cream Treats	\$4		Qty: _____
<input type="checkbox"/> 12 Balloons	\$15		Qty: _____

Rental Information

Event Name: _____

Estimated Number of Attendees: _____

Requested Date and Time:

1st Choice Date: ____ / ____ / ____

2nd Choice Date: ____ / ____ / ____

Multipurpose Room Start Time: ____:____ am/pm End Time: ____:____ am/pm

*Open Swim available between 1:00pm and 5:00pm Saturday and Sunday

Outdoor Cabana #4 Start Time: ____:____ am/pm End Time: ____:____ am/pm

Gymnasium Start Time: ____:____ am/pm End Time: ____:____ am/pm

Repeat: Yes No If yes,

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

MULTI-PURPOSE ROOM SETUP

Standard room set-up is 6 tables and 30 chairs with a maximum of 10 tables and 50 chairs. Please check one of the facility set-up styles below or provide a diagram on a separate sheet of paper.

Lecture Style

Classroom Style

Banquet Style

Circle Discussion

Clear Room

SPECIAL ARRANGEMENTS

Will an outside vendor be used? No Yes

If yes, applicant must submit proof of company's insurance with The City of Coppell named as "additionally insured" for a minimum of one million dollars. The document must contain the Endorsement page, which is the second page of the Insurance Document. This document must be submitted 2 days prior to the rental or the permit may be subject to cancellation.

Company Name: _____

Company Phone Number: _____

Insurance Policy Number: _____

For Meeting Use Only: Please indicate if you will need any of the following:

Podium Microphone Projector & screen

STATEMENT OF UNDERSTANDING

I understand that this form is a request for rental, the rental deposit and the completion of this form does not guarantee my rental of the requested facility (based on availability).

Signature

Date

OFFICE USE ONLY

Date & Time Submitted: ____ / ____ / ____ @ ____ am/pm Staff Initials: _____

Approved Not Approved Permit #: _____ Initials: _____ Date: _____

Notes: _____