

CITY OF SEWARD
FACILITY USE APPLICATION
(Use additional pages, if needed)



NAME OF APPLICANT: _____ **PHONE:** _____

ADDRESS/CITY/STATE/ZIP: _____

ORGANIZATION: _____

ORGANIZATION ADDRESS: _____

NAME AND LOCATION OF FACILITY TO BE USED: _____

DESCRIBE ALL ACTIVITIES THAT WILL TAKE PLACE IN CONJUNCTION WITH THE USE OF THIS FACILITY: _____

HOW LONG DO YOU INTEND TO USE THIS FACILITY? _____ DATES: _____

APPROXIMATE NO. OF ATTENDEE'S: _____

EXPLAIN HOW GROUP (S) ARE ORGANIZED AND SUPERVISED TO ENSURE ORDER AND SAFETY:

DESCRIBE SAFETY MEASURES/EQUIPMENT THAT WILL BE USED TO SAFEGUARD THE ATTENDEES:

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Please return to:
Assistant City Manager
City of Seward
P.O. Box 167
Seward, AK 99664
Phone: 907-224-4074
Fax: 907-224-4038
Email: rgifford@cityofseward.net