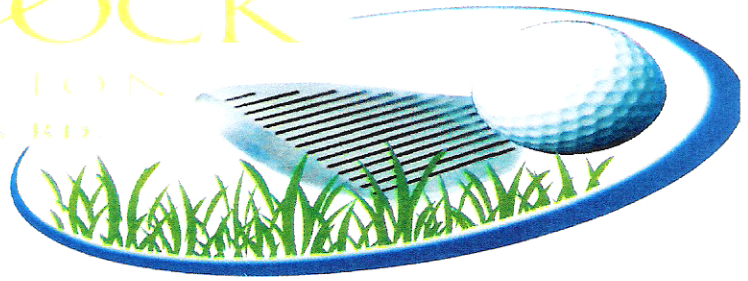


CASTLE ROCK

GOLF & RECREATION
P.O. BOX 492 - CASTLE ROCK RD
PEMBROKE, VA 24136
540 626 7276 (PHONE)
540 626 5550 (FAX)



Facilty Use Request Form

Organization Name: _____ Phone #: _____
Organization Address: _____

Contact Name: _____ Phone #: _____
Contact Address: _____
E-mail Address: _____

Facility Needed (please check one)

_____ 19th Hole Clubhouse _____ Pool _____ Picnic Shelter
_____ Basketball Court _____ Tennis Courts

Inquire at Clubhouse for rates information.

Date/s of Event: _____
Time of Event(include set up/cleanup): _____
Actual Event Time: _____
Event Description (include purpose, activity, set-up, special needs, etc):

Will you be charging any fees for admission or participation in this event? Yes or No

For what purpose? _____

Is participation in this event: _____ Open _____ Restricted

To whom? _____

Will Food be served during your event? Yes or No

Do you need Castle Rock to provide or assist with food service? Yes or No

Will alcoholic beverages be present at your event? Yes or No

If yes, you will need to obtain the appropriate license from the Virginia ABC.

Please visit www.abc.state.va.us for more information. We will need a copy of your approved documentation prior to the start of your event.

Signature of Applicant: _____ Date: _____

Office use Only:

Approved: _____ Date: _____

Denied: _____ Reason? _____

Special Instructions: _____