



Independence Parks, Recreation & Tourism Department

PO Box 1019, Independence, MO 64051
 218-A North Pleasant, Independence, MO 64050
 816 325-6200 Parks-palmer@indepmo.org

Date Received	/ /
Date Confirmed	/ /
Staff Initial	

FACILITY REQUEST FORM - PALMER CENTER

You must complete this form and submit it to The Palmer Center before your rental will be given consideration. This form requests space only. Confirmation will follow in seven business days. This form must be submitted at least four weeks in advance. You must include enough time to set up tables, chairs, decorate and clean up.

Person Responsible for Event _____
 (Must be 21 years or older with English speaking skills in order to effectively communicate with staff.)

Sponsoring Organization/Group Name _____ Non-Profit Profit

Daytime Phone _____ Work Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____

Area/Room Requested	Day(s) of Week	Date(s)	Time Room Reserved		Time Event Begins/Ends	
			From:	To:	From:	To:

ALCOHOL IS NOT ALLOWED IN THE FACILITY OR ON CITY PROPERTY.

Description of Event _____ Press/Media Expected Yes No

Name of Coach/DJ/Speaker/Band _____ Admission to be Charged Yes No

Food Served? Yes No Name of Caterer _____ Concessions to be Sold Yes No

Estimated Total Attendance _____ Under age 18 _____ Over age 18 _____

Equipment requested (please see rental rate sheet for available equipment in each room) and check the appropriate boxes.				Indicate any special requirements here:
	Room (as is)		8' Tables #	
	Chairs #		6' Tables #	
	Podium		Round Tables #	
	Cart		Projection Screen	
	Trash Barrels #		Extension Cord	
	Athletic Equipment: list below			

Facility use and/or special services must be confirmed by appropriate permission BEFORE your request can be approved.

Facility use is NOT confirmed until all necessary approvals are obtained, and this request form is confirmed by the Parks, Recreation & Tourism Department. Further, facility reservation is not confirmed until all necessary paperwork is completed, and fees have been paid.

 Signature of Responsible Party Date