



### LOG PAVILION USER INFORMATION

ORGANIZATION OR GROUP NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_  
(CELL) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FACILITY USE DATE: \_\_\_\_\_

WHAT TYPE OF FUNCTION IS THIS? \_\_\_\_\_

HOW MANY PEOPLE DO YOU EXPECT TO ATTEND? \_\_\_\_\_  
Approx. how many of your guests will travel from outside of Grays Harbor? \_\_\_\_\_  
Approx. how many guests will be staying in a hotel? \_\_\_\_\_

FACILITY USE TIMES: Set-up \_\_\_\_\_  
Actual Event \_\_\_\_\_  
(Please include starting time and ending time)

Will you be serving **ALCOHOL**? \_\_\_\_\_

If **YES**, please fill out the following:

Will you be **SELLING** or **SERVING** alcohol? Who will be providing alcohol? \_\_\_\_\_

(Please circle one or both)

\*\*If yes, a WSLCB permit and \$1million liability insurance are required Date received: \_\_\_\_\_

Insurance Provider Name: \_\_\_\_\_

Will you need the portable bar? \_\_\_\_\_ Will you be hiring a DJ? \_\_\_\_\_

Do you need the PA System & Microphones? \_\_\_\_\_ CD Player/Stereo? \_\_\_\_\_

Do you need the Television & DVD? \_\_\_\_\_ Podium? \_\_\_\_\_ Screen? \_\_\_\_\_

Need the kitchen equipment? \_\_\_\_\_ Who will be preparing/serving the food? \_\_\_\_\_

WHAT ARE YOU USING FOR DECORATIONS?  
\_\_\_\_\_  
\_\_\_\_\_

Office Use ONLY: \_\_\_\_\_

**Please return this form with your application**  
Aberdeen Parks & Recreation, attn: Doug Farmer  
200 E. Market Street  
Aberdeen, WA 98520  
(360)537-3248

**Checks made payable to: City of Aberdeen**