

National Parks Trust of the Virgin Islands Park Rental Application



APPLICANT DETAILS

Date of Application <i>(day/month/year)</i>		
Applicant Name <i>(this will be the contact person):</i>		
<i>If this is <u>not</u> a private event, please also specify the institutional name of the applicant below.</i>		
Company Name	Civic Organisation Name	Government Dept.
Other <i>(please specify)</i>		
Telephone Number	Mobile	Fax
Email Address		
Postal Address		
Park Use Guidelines Agreement	By signing this application, I certify that the information provided above is accurate. I also certify that I have received and agree to the Guidelines for safe/acceptable uses of the national park, its facilities and equipment. I also understand that if I exceed the time stated in this application, I forfeit my deposit, and, will be charged a fee of \$25.00 per hour, after the first hour. If I fail to observe the Guidelines terms, I understand that I will forfeit the reimbursable park rental fee.	
Renter/User Signature		

EVENT DETAILS

Name of National Park		
Event Date <i>(day/month/year)</i>		
EVENT TYPE		
<input type="checkbox"/> Meeting	<input type="checkbox"/> Workshop	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Wedding	<input type="checkbox"/> Baby Shower	<input type="checkbox"/> Children's Party
<input type="checkbox"/> Cocktail Reception	<input type="checkbox"/> Catered Dinner	<input type="checkbox"/> Camping
Other <i>(please specify)</i>		
Event Start Time ____:____ am/pm		Event End Time ____:____ am/pm
Set-Up Time: ____:____ am/pm to ____:____ am/pm		Clean-Up Time ____:____ am/pm to ____:____ am/pm
Number of Expected Guests/Participants		
Special Needs <i>(please specify)</i>		

FACILITIES REQUESTED

J.R. O’Neal Botanic Gardens *(please select all that apply)*

<input type="checkbox"/> Lawns	
<input type="checkbox"/> Other <i>(please specify)</i>	

Queen Elizabeth II National Park *(please select all that apply)*

<input type="checkbox"/> Children’s Playground

Sage Mountain National Park *(please select all that apply)*

<input type="checkbox"/> Viewing Deck	<input type="checkbox"/> Restrooms
<input type="checkbox"/> Parking	<input type="checkbox"/> Other <i>(please specify)</i>

Spring Bay National Park *(please select all that apply)*

<input type="checkbox"/> Picnic Tables	<input type="checkbox"/> BBQ Area
<input type="checkbox"/> Lawns	<input type="checkbox"/> Other <i>(please specify)</i>

The Copper Mine National Park *(please select all that apply)*

<input type="checkbox"/> Visitor Centre	<input type="checkbox"/> Parking
<input type="checkbox"/> Other <i>(please specify)</i>	

Other National Park *(please specify)*

Any Additional Information

National Parks Trust of the Virgin Islands

Park Rental Application

FOR OFFICIAL NPTVI USE ONLY



General Information		
<i>Applicant</i>	Name: _____	Contact number: _____
<i>National Park</i>	_____	
<i>Event Information</i>	Event Type: _____	Setup Time: _____ Clean Up Time: _____
	Event Date: _____	Event Start time: _____ Event End Time: _____

Park Fees		
<i>Staff Hours</i>	Staff Arrival: _____ Staff Departure: _____	No. of Staff hours: _____ Staff Rate: \$25 per hour
<i>Rental/Deposit</i>	<input type="checkbox"/> QEII sm: \$50/\$50 <input type="checkbox"/> QEII lg: \$300/\$100 <input type="checkbox"/> JROBG: \$300/\$100	
<i>Cost</i>	\$25 x _____ hrs + 100 = \$ _____	\$25 x _____ hrs + 100 = \$ _____
	\$25 x _____ hrs + 300 = \$ _____	\$25 x _____ hrs + 300 = \$ _____
Transaction Information		
<i>Amount Rec'd.</i>	\$ _____	NPTVI Receipt No. _____
<i>Method</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Other (please specify) _____	
<i>Received By</i>	_____	_____/_____/20____ Day Month Year
Other Information		
<i>Waiver Request</i>	<input type="checkbox"/> Waiver Approved Reason: _____	<input type="checkbox"/> Waiver Not Approved Reason: _____
<i>NPT Staff Assigned</i>	Name: _____	Cellphone number: _____
<i>Approval</i> (Prog. Coordinator / Sr. Warden)	_____	_____/_____/20____ Day Month Year
<i>Approval</i> (Director/ Deputy)	_____	_____/_____/20____ Day Month Year
<i>Deferred Until</i>	_____/_____/20____ Day Month Year	<i>Reason</i>
<i>Cancelled</i>	_____/_____/20____ Day Month Year	<i>Reason</i>
Conditions of Use		