

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. If I fail to observe the Guidelines terms, I understand that I will forfeit the reimbursable park rental fee of \$USD50.00.	
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		Event End Time
Proposed Set-Up Time		Proposed Clean-Up Time
Number of Expected Guests/Participants		
Special Needs <i>(please specify)</i>		
Waiver of Rental Fee	<input type="checkbox"/> Waiver Requested Reason:	

FACILITIES REQUESTED

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

<input type="checkbox"/> Fishlock Hall	<input type="checkbox"/> Lawns
<input type="checkbox"/> Other (please specify)	
Please NB. VI Fire Safety Rules allow no more than 70 persons in the Fishlock Hall at any given point in time.	

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

<input type="checkbox"/> Children's Playground	<input type="checkbox"/> Large Park - Gazebo
<input type="checkbox"/> Lawns	<input type="checkbox"/> Other <i>(please specify)</i>

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>	

Any Additional Information

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FOR OFFICIAL NPTVI USE ONLY

Transaction Information		
Amount Rec'd.	\$ _____	NPTVI Receipt No. _____
Method	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Other (please specify) _____	
Received By	_____	____/____/20____ Day Month Year

Waiver Information		
Waiver Request	<input type="checkbox"/> Waiver Approved Reason: _____	<input type="checkbox"/> Waiver <u>Not</u> Approved Reason: _____

Approval (Prog. Coordinator / Sr. Warden)		____/____/20____ Day Month Year
Approval (Director/ Deputy)		____/____/20____ Day Month Year

Deferred Until	____/____/20____ Day Month Year	Reason
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Cancelled	____/____/20____ Day Month Year	Reason
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Conditions of Use