

Fairbanks North Star Borough
Parks and Recreation Department/Pioneer Park
PO Box 71267
Fairbanks AK 99707-1267

PIONEER HALL SPECIAL EVENT REQUEST FORM

Name: _____

Organization: _____

Mailing Address: _____

Telephone: Day _____ Night _____ Fax _____

Date(s) of Event: _____

Name of Event(s): _____

Set-Up Date : _____ Time: _____

Take-Down Date: _____ Time: _____

Event: Starting Time - _____ Ending Time - _____

Estimated Attendance: _____

IF PARK MANAGEMENT, EITHER DIRECTLY OR THROUGH ITS AUTHORIZED AGENT, REASONABLY REQUESTS THAT A FACILITY USER ALTER ITS ACTIVITY FOR THE BENEFIT OF THE PUBLIC AND/OR OTHER USERS OF THE PARK, THE USER MUST COMPLY WITH THE REQUEST OR FACE EVENT CANCELLATION AND/OR LOSS OF SECURITY DEPOSIT.

ALL RESERVATIONS ARE TENTATIVE UNTIL APPROVED BY PARK MANAGEMENT.

EQUIPMENT AVAILABLE

TOTAL NUMBER REQUESTED

17 Tables (6' Banquet): _____

80 Chairs: _____

One Easel: _____

1 19" TV/VCR Combo Yes: _____ No: _____

1 3' x 5' 2-Sided Chalk Board on Wheels: Yes: _____ No: _____

1 6' x 6' Portable Screen Yes: _____ No: _____

1 Lectern: Yes: _____ No: _____

1 Overhead Projector Yes: _____ No: _____

1 Two-Burner Coffee Maker Yes:_____ No:_____

1-58 Cup Coffee Pots-Number Requested: Yes:_____ No:_____

2-90 Cup Coffee Pots-Number Requested: Yes:_____ No:_____

Additional Items not shown above: _____

(We may be able to help out with unlisted items. Please feel free to ask.)

Security Services:

Additional security may be requested per contractual terms. See Park Management for explanation.

Insurance

Certificate of Insurance Required: Yes _____ No _____

Anyone operating Alaskaland Sound or Lighting Equipment must receive approval from the Park Management. Tampering with the established "House" system without proper authorization is not allowed under any circumstances. Please provide at least one week's notice if you will need instructions on our equipment in order to set up compatible sound/audio or lighting equipment.

I (We) have read and completed the Pioneer Hall Special Event Request Form and noted those items and services my user group/organization will need. I (We) understand that completion of this form is the basis for my (our) User Agreement and that any changes may require re-evaluation of my (our) reservation request.

SIGNATURE:_____ DATE: _____

REVIEWED AND APPROVED BY:

Michael Cox, Park Manager, Alaskaland
Parks & Recreation, F.N.S.B.

FOR OFFICE USE ONLY

1. Exclusive Use: Yes _____ No _____

2. Chaperones: Yes _____ No _____

3. Security Required: Yes _____ No _____ Number Extra _____

4. Advised Group of Possible Conflicts: Date _____ Time _____