



USS ALABAMA BATTLESHIP MEMORIAL PARK APPLICATION FOR FIELD/FACILITY USE PERMIT

1. Name of Applicant: _____ Phone No. _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
2. Representing (Self and/or Name of Organization): _____
Office/Position held in Organization (if applicable): _____
Address of Organization: _____

3. Field(s)/Facility requested (see Attachment "A" for Maps): _____

4. Requested date(s) of usage: _____, 202____ Time: From: _____
To: _____ (include set up and take down time)
5. Purpose for which Field/Facility Use Permit is being requested: _____

6. Number of persons expected to attend Event: _____
7. Will the public at large be invited to this Event? Yes____ No ____
8. Will Event be advertised in media (e.g., newspaper, television, radio or social media)?
Yes ____ No ____
9. Do you request permission to use sound equipment? Yes____ No ____
(If yes, please describe equipment and intended usage) _____

10. Do you request permission to display, build, or erect any temporary structures or signage for the Event? Yes _____ No _____ (If yes, please describe intended structures and/or signage in detail) _____

11. Will there be food or beverages served? Yes____ No ____
Name, address, phone number and email address of caterer(s): _____

12. Will there be Alcohol served at this Event? Yes____ No ____
If yes, please state the name, address, phone number(s), and email address of the caterer and/or bartending service who will serve. _____

13. Will minors (persons under age 18) be participating in, or attending your Event?
Yes____ No ____
If yes, please state the name, address, and phone number(s) of the person(s) who will supervise the minor attendees during the Event. _____

14. Depending on the type of Event proposed, there will be liability insurance requirements specifically designed for your Event. There may also be other forms or requirements for application before the Event may be considered for approval. You will be notified of additional conditions and insurance requirements after Commission's review of your Application.

CERTIFICATION

1. I understand my proposed Event must meet all health, safety, and usage policies and requirements of the Battleship Memorial Park, the City and County of Mobile, and the State of Alabama. I agree to insure conformity with all such requirements. See City of Mobile Ordinance Section 6-7 attached (highlighted portion for special events).

2. I agree to remove all trash and other items associated with this Event, and to return the usage areas to pre-Event condition. In the Event I fail to return the usage areas to pre-Event conditions, I understand the BMP shall assess the reasonable costs of labor, damage, clean-up and repairs to accomplish cleanup and to restore the usage areas to pre-Event condition. I agree to be personally responsible for all costs assessed.
3. I understand that the BMP is a memorial to honor all Veterans of America's Armed Forces. I agree that I will respect the heritage and traditions of the United States consistent with the memorial character of the BMP, and that my proposed Event will not involve discrimination of any individual or group based upon age, sex, race, national origin, handicap, or religion.

Applicant Signature: _____ Date: _____

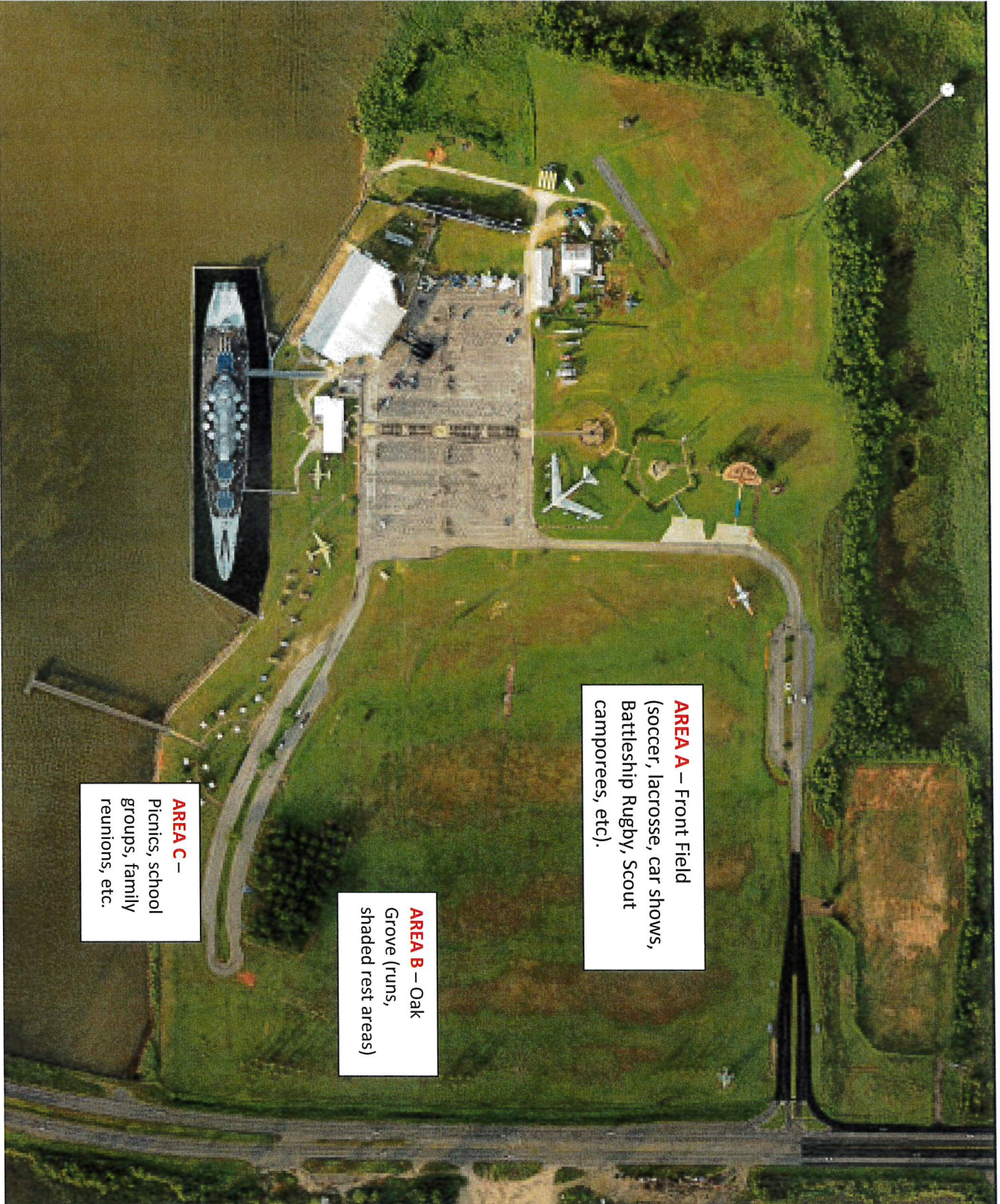
Applicant Printed Name: _____

*Please return your completed Application to:

Rhonda Davis, Director of Sales & Marketing
USS ALABAMA Battleship Memorial Park
P. O. Box 65
Mobile, Alabama 36601
Phone 251-433-2703
Email: rdavis@ussalabama.com

Office Use Only:

Approved: _____ Date: _____ Confirmation Sent: _____



AREA A – Front Field
(soccer, lacrosse, car shows,
Battleship Rugby, Scout
camporees, etc).

AREA B – Oak
Grove (runs,
shaded rest areas)

AREA C –
Picnics, school
groups, family
reunions, etc.

ATTACHMENT A
Front Field

