

**FAUQUIER COUNTY PARKS & RECREATION DEPARTMENT**  
**PART 2 • PERMIT APPLICATION**  
**SPECIAL NEEDS FORM**



Rental# \_\_\_\_\_

**SPECIAL NEEDS FORM**

Organization/Group/Team/Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Contact Person/Coach \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

(Items marked with an \* are the only ones that may be used off-site)

**ACCESSIBILITY**

List special auditory needs \_\_\_\_\_

List special visual needs \_\_\_\_\_

List special mobility needs \_\_\_\_\_

List other accessibility needs for which we may be helpful \_\_\_\_\_

Other Needs \_\_\_\_\_

**EQUIPMENT RENTALS: MARSHALL COMMUNITY CENTER**

Item:	Cost:	Quantity:	Total Cost:	Item:	Cost:	Quantity:	Total Cost:
Tables (8)	Free	_____	\$ _____	Radio/Cassette Player	\$1.00/hour	_____	\$ _____
Chairs (59)	Free	_____	\$ _____	Overhead projector	\$2.50/hour	_____	\$ _____
Lectern	Free	_____	\$ _____	Other:		_____	\$ _____
Screen	\$1.00/hr	_____	\$ _____			<b>TOTAL:</b>	\$ _____

Times Needed: \_\_\_\_\_

Arrangement of Room: \_\_\_\_\_

**EQUIPMENT RENTALS: CROCKETT PARK and MONROE PARK**

Item:	Quantity:	# Hours:	Hourly Fee:	Half Day Fee:	All Day Fee:	Total Cost:
Volleyball & Disc Golf Bag	# _____	# _____	\$1.00	\$2.50	\$4.00	\$ _____
Volleyball Net Kit *	# _____	# _____	N/A	N/A	\$17.00	\$ _____
Horseshoes & Badminton*	# _____	# _____	\$2.00	\$5.00	\$8.00	\$ _____
Picnic Kit *	# _____	# _____	\$2.50	\$6.00	\$10.00	\$ _____
Rod & Reel Kit	# _____	# _____	\$1.50	\$4.00	\$7.00	\$ _____
Cane Fishing Pole Kit	# _____	# _____	\$ .50	N/A	N/A	\$ _____
Croquet	# _____	# _____	\$2.00	\$4.00	\$6.00	\$ _____
Portable PA System	# _____	# _____	N/A	N/A	\$10.00	\$ _____
					<b>TOTAL:</b>	\$ _____

**TOTAL SPECIAL NEEDS FORM \$ \_\_\_\_\_**

<p><b>FACILITY USE ONLY    PAYMENT PROCESSING RESPONSE</b></p> <p>Application &amp; fee(s) received by Reg/Park Manager _____ on _____ Receipt. No. _____</p> <p><input type="checkbox"/> We are able to fulfill your needs and look forward to serving you.</p> <p><input type="checkbox"/> We are able to fulfill your needs except for the following:</p> <p><input type="checkbox"/> We are unable to fulfill your needs. Please consider our facilities again for future use. Please feel free to call to discuss this further if you wish.</p>
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