

**Esprit de Corps Multipurpose Complex**  
9840 Wagner Road Jacksonville, FL 32210 (904) 924-2000

**Application for Use of Facilities**

Organization

Team/Group/Individual

(PLEASE PRINT)

Organization's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City, state, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dates(s) requesting facility: \_\_\_\_\_

Time facility will be used: \_\_\_\_\_

Number of people expected: \_\_\_\_\_

Please list the areas(s) of the facility you are requesting to use:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

Special Services Required: (Please attach a layout of setup)

**(a brief description of event is required)**

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I understand and agree to the guidelines on front of this form. I take full responsibility for any and all damages that may result from use of the facilities, which shall include, but is not limited to, extra custodial charges and possible repair/replacement costs.

Signature of Responsible Party \_\_\_\_\_

Date: \_\_\_\_\_