



## Booster Club Event Application

**All applications must be submitted four (4) weeks before event date.**

- Any incomplete and unsigned applications will not be processed. Upon receipt of a completed application by NORDC, availability can be confirmed and an approved permit will be issued.
- Booster Club events that take place outside of NORDC normal operating hours will incur NORDC staff costs which must be paid in full before the event is permitted.
- All revisions must be received in writing and approved by NORDC at least two (2) weeks in advance of the event date.
- To be considered a Booster Club event (and receive complimentary facility usage), no third party involvement is allowed. 100% of the proceeds from any fundraising event must support the Booster Club.
- All set-up, clean-up, and event management is the responsibility of the booster club organizing the event. In addition, NORDC will notify the booster club contact if security (NOPD or OPSO) and parking management plans are required for an event.
- NORDC cannot confirm events more than four (4) months in advance.

|  |  |  |   |                            |   |
|--|--|--|---|----------------------------|---|
| <b>EVENT NAME:</b>   |  |  |   |                            |   |
| *Event Description Please describe your event in detail (Use a separate page if necessary)   |  |  |   |                            |   |
| <b>Facility Requested:</b><br><small>(Indicate specific facility and room)</small>           |  |  |   |                            |   |
| <b>Event Type</b>  | <input type="checkbox"/> NORDC Team Banquet <input type="checkbox"/> Athletic Event <input type="checkbox"/> Sock Hop <input type="checkbox"/> Club Meeting <input type="checkbox"/> Other: _____  |  |   |                            |   |
| <b>Booster Club Name:</b>  |  |  |   |                            |   |
| <b>Mailing Address</b><br><small>City, State, Zip</small>                                    |  |  |   |                            |   |
| <b>Primary Contact:</b><br><small>(Name/Title)</small>                                       |  |  | <b>Secondary Contact:</b><br><small>(Name/Title)</small>          |                            |   |
| Phone #:   | Email:   |  | Phone #:  | Email:                     |   |
| <b>Event Date(s):</b>  | Start Date:  | End Date:  | <b>Event Time:</b><br><small>(Times OPEN to attendees)</small>    | Start:                     | End:  |
| Set-Up Time  | Start:   | End:   | Clean-Up Time:  | Start:                     | End:  |
| <b>Event Size</b>  | # of Volunteers:   |  | # of Attendees:   |                            |   |
| Has this event been held before?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Is this an annual event?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Previous Name(s) of event: |   |
| How many years has it been held?   |  |  |   |                            |   |
| At what location was this event held previously?   |  |  |   |                            |   |
| Is this event: Circle one<br><br>Open to the public<br><br>Private event                     |  | If open to the public, please check all methods by which the event is advertised:<br><br><input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Online Calendar <input type="checkbox"/> Posters <input type="checkbox"/> Newspaper <input type="checkbox"/> Other: _____ |   |                            |   |
| <b>FEES &amp; PROCEEDS</b>   | Will you charge any fees?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | What type of fees, and what amount?<br>\$ _____                   |                            | Will you have vendors selling goods or services onsite?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>ALCOHOL</b>   | The sale and consumption of alcoholic beverages is subject to additional laws, permits, regulations and potentially higher insurance coverage may be required. Additional permits may be required to serve or sell alcohol at your event. Please describe below any planned alcohol sales, serving or consumption at this event. |  |   |                            |   |
| <b>Will alcohol be sold or consumed:</b>   | Consumed?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | Sold?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                            | Name of the organization that holds the license for the sale of alcohol:  |

|  |   |
|--|---|
| <b>STAFF &amp; SECURITY</b>  | NORDC reserves the right to require and regulate uniformed security personnel (New Orleans Police Department or Orleans Parish Sherriff's Officers only) for any function. They also reserve the right to regulate the number of security officers required at any event. The applicant shall provide security personnel at the applicant's expense.<br><br>NOPD Office of Secondary Employment: 504-658-8747 or <a href="http://www.hirenopd.com">www.hirenopd.com</a><br>or<br>New Orleans Parish Sherriff's Office: 504-822-8000                     |
| <b>NO DRUGS &amp; NO WEAPONS</b>   | Drug use on City property is strictly prohibited. It is unlawful to manufacture, distribute, dispense, possess, or use a controlled substance or illegal drugs on City property. Violators will be prosecuted to the full extent of the law. Additionally, The possession or use of weapons of any kind is also prohibited.   |
| <b>TRASH</b>   | Booster Clubs are responsible for all clean-up after facility usage.  |
| <b>AMPLIFIED SOUND/DECORATION/ ELECTRICAL</b>  | <b>Application must include event details including any structures, décor, or equipment (tables and chairs) that will be used for this event.</b>   |
| Will your event have an amplified PA system?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                 | Will your event have an amplified music and entertainment?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Will your event require use of tables and chairs from NORDC?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | *NORDC cannot confirm the exact number of tables and chairs available for your event.<br>Please indicate how many tables and chairs you will require.<br>Tables: _____ Chairs: _____  |
| <b>HOLD HARMLESS</b>   | I, the undersigned, having read and being in full agreement with the above conditions, will comply with all policies and ordinances of the City. I also will assume responsibility for any damages to the property or equipment thereof, and will pay a fair price determined by NORDC for said damages. I do hereby waive, absolve, indemnify, and agree to hold harmless the City of New Orleans, NORDC, the organizers, sponsors, supervisors, and participants for any claim arising out of any accident or liability insurance that I/we may have. |

I certify that the information that we have provided on this application is true and accurate to the best of my knowledge.

|                                  |                                     |
|----------------------------------|-------------------------------------|
| <b>Primary Contact Signature</b> | <b>Primary Contact Printed Name</b> |
| Title                            | Date                                |

*Submit the completed form to your NORDC Site Supervisor to begin the approval process.  
Thank you for your support of NORDC!*

| FOR NORDC STAFF USE ONLY:   |  |
|---|--|
| 1. SITE SUPERVISOR RECOMMENDATION: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If not approved, please provide reason below:</i>   | SITE SUPERVISOR SIGNATURE & DATE   |
| 2. DISTRICT MANAGER DATE VERIFICATION: <input type="checkbox"/> Available <input type="checkbox"/> Unavailable<br><i>Must confirm with Rentals, Athletics &amp; Programs Depts. If unavailable, alternative date suggested:</i>                     | CENTER MANAGER SIGNATURE & DATE  |
| 3. <b>CENTER EVENTS</b> - REC CENTER DIRECTOR APPROVAL: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>-OR-<br><br><b>PLAYGROUND EVENTS</b> - ATHLETIC DIRECTOR APPROVAL: <input type="checkbox"/> Yes <input type="checkbox"/> No | REC CENTER DIRECTOR SIGNATURE _____ DATE _____<br><br>-OR-<br><br>ATHLETIC DIRECTOR SIGNATURE _____ DATE _____ |
| 4. REC TRAC PERMIT GENERATED BY:<br><input type="checkbox"/> CENTER EVENT – CENTERS ADMIN. ASST. _____<br>SIGNATURE<br><input type="checkbox"/> PLAYGROUND EVENT – ATHLETICS ADMIN. ASST. _____<br>SIGNATURE  | DATE:  |
| 5. CHIEF PROGRAMMING OFFICER: _____<br>SIGNATURE  | DATE:  |
| 6. CHIEF OPERATING OFFICER: _____<br>SIGNATURE  | DATE:  |