



Town of Palm Beach Recreation Department

Facility Rental Application

340 Seaview Avenue, Palm Beach, FL 33480
(561) 838-5485 recreation@townofpalmbeach.com

Name/Contact: _____

Address: _____ Phone: _____

Email: _____ Alt. Phone: _____

Date Requested: _____ Time _____

Please provide a detailed description of the event, activities to be held, and equipment you or a vendor will be bringing to the event (use additional sheets if necessary):

Is your organization Tax Exempt: ☐ Yes ☐ No Number of people attending: _____
Is this function catered: ☐ Yes ☐ No Is function open to the public: ☐ Yes ☐ No
Admission fee/donation: ☐ Yes ☐ No Will alcohol be served: ☐ Yes ☐ No

Fee Description: <i>Minimum 3 hours</i>	Price/hour	Check Applicable*	Total
Classroom	\$60/hour	☐	
GroupX Studio, After School Room, or Game Room (includes Patio)	\$140/hour	GroupX ☐ ASR ☐ GR ☐	
South Colonnade Pergola	\$60/hour	☐	
Smith Fieldhouse	\$240/hour	☐	
Front Lawn or West Field	\$325/hour	Lawn ☐ Field ☐	
Deposit	\$300 min	☐	
Set-up	\$100 min	☐	
Clean-Up	\$65/hour	☐	
Additional Staff	\$65/hour	☐	

*The Recreation Department reserves the right to require additional deposit, staff, clean-up, and/or set-up fees.

Estimated Total (tax of 6.5% will be added to all non-tax exempt events) \$ _____

Security Deposit \$ _____

Total (due within seven (7) days of rental application approval) \$ _____



MORTON & BARBARA MANDEL
RECREATION CENTER
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The applicant, by endorsement, certifies the information provided is true and correct and he/she has read and understands the regulations governing the use of the Mandel Recreation Center and agrees to comply with such regulations. Failure to comply with the rental conditions may prohibit future rentals.

_____ Name of Applicant	_____ Date	_____ Signature of Applicant	_____ Date
_____ Dawn M. Helton, Program Manager	_____ Date	_____ Lauren Bayard, Recreation Manager	_____ Date
_____ Mark Bresnahan, Director of Recreation	_____ Date	_____ Town Manager (as needed)	_____ Date

For Official Use Only

Total Fees & Security Deposit:	_____ Date Paid:	\$ _____
Security Deposit Refunded	_____ Date Paid:	\$ _____
Additional Charges:	_____	\$ _____
Date Canceled:	_____	\$ _____
Cancellation Fees: 30 days - \$0; 31 - 59 days, 50%; 60+ days, 100%		
Final Total:	\$ _____	