



MOBILE STAGE RESERVATION REQUEST

For Office Use Only:	
Date Received: _____	Received By: _____

Section I – Fee Schedule

The following is a schedule of fees and charges associated with the proposed event:

City Residents and City Non-Profits

Fees for renting the mobile stage for city residents and city-based non-profits are as follows:

- \$1,200.00 per day

Non-City Residents, Non-City Non-Profits, and For-Profits

Fees for renting the mobile stage for non-city residents, non-city-based non-profits, and for-profits are as follows:

- \$2,400.00 per day

Section II – Applicant Information

Group or Individual Applicant Name: _____ Main Contact: _____

Address: _____

Email: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

City Resident? Yes No

Purpose of Reservation: _____ Number of Expected Guests: _____

Event Start Date: _____ Event End Date: _____

Event Start Time (to include set-up): _____ Event End Time (to include clean-up): _____

Section III – Indemnification and Authorized Signatures

The applicant hereby applies to host a natural surface trail event described in this document and on any additional attachments. Event Organizer(s) agrees to be responsible for and pay, indemnify and hold harmless the City of Roanoke, its officers, officials, agents, employees, and volunteers against any and all loss, cost, or expense, including reasonable attorneys' fees, resulting from any claim or legal action of any nature whatsoever that may arise against the City in connection with the event or in connection with any of the rights and privileges granted by the City the Event Organizer(s) and assign to the City of Roanoke, its nominees and agents, permission to use, publish and republish for purposes of advertising and trade such use as the City may determine, information and reproductions of my likeness (photographic or otherwise) with or without identification of me by name.

Print Applicant Name: _____

Applicant Signature: _____ Date: _____

For Office Use Only Authorized Signatures and Work Flow	
Special Events Supervisor: _____	Date: _____
Outdoor Recreation Coordinator: _____	Date: _____
Recreation Manager: _____	Date: _____
Parks Manager: _____	Date: _____
Director of Parks and Recreation: _____	Date: _____