



COUNTY OF HALIFAX

Revised 7.2022

1050 Mary Bethune Street
P. O. Box 699, Halifax, VA 24558
Phone: (434)476-3300 Fax: (434)476-3384
Completed applications may be emailed to:

Nancy Kamp ntk@co.halifax.va.us OR Linda Younger lly@co.halifax.va.us

Paid by:
Cash
Check (#)

Application to Use County Facilities

Please complete application (by email or mail) and submit payment (by mail). Additional payment information on page 2 of this application.

Name of Organization: _____

Date Application Submitted: _____

PLEASE NOTE: NO REFUNDS OR RAIN CHECKS

Email _____ Phone: (_____) _____

Address: _____

Name of Applicant: _____

Address: _____

Email: _____ Phone: (_____) _____

Facility requested: (choose one) Public Meeting Room Mary Bethune Gymnasium Halifax County War Memorial

Other (please specify) _____

Purpose for which facility is to be used: _____

Amount of Admission to be charged: _____ Date: _____ Time: _____

Profits will accrue to: _____

Edmunds Park Facilities
3170 Dan River Church Road
South Boston, VA 24592

FEES FOR PICNIC SHELTERS

**Please indicate your choice of Section A or B, date, and time of use by completing the appropriate box below.

Large Shelter – Pond view – 60 x 80 ft. – seats approx. 100 people
All day reservation, 8 am to 8 pm; sections A & B
\$110.00

Date: _____

Large Shelter – Pond view – Section _____ 8 am to 2 pm
\$55.00

Date: _____

Large Shelter – Pond view – Section _____ 2 pm to 8 pm
\$55.00

Date: _____

Large Shelter – Pond view – Section _____
All day reservation, 8 am to 8 pm
\$65.00

Date: _____

additional shelters on page 2

Edmunds Park Facilities (cont'd)

Medium Shelter – Shady Trail – 18 x 24 ft. – seats approx. 24 people)

Date: _____

All day reservation, 8 am to 8 pm

\$55.00

Small Shelter – Wetlands – 16 x 18 ft. – seats approx. 18 people)

Date: _____

All day reservation, 8 am to 8 pm

\$50.00

Please make all checks payable to: Halifax County Recreation Department

If application is emailed, please be sure to include Organization and Name of Applicant on check when mailed.

If date requested is unavailable, payment will be returned by mail.

PLEASE NOTE: NO REFUNDS OR RAIN CHECKS.**Rules and Regulations Pertaining to Edmunds Park Shelter Rental**

1. Absolutely no alcoholic beverages allowed on any public facility.
2. No grills or cookers are allowed on the actual shelter area surface. Please do not leave used cooking oil onsite.
3. Inflatables require prior approval by Halifax County Office. A building permit is required for an inflatable and is the responsibility of the renter.
4. No amplified music is allowed.
5. Please put all trash into provided containers and leave the facility as you find it.
6. The facility is to be used by the public from dawn to dusk. Please leave promptly before dark.
7. No swimming or wading in the pond.
8. Do not feed animals on or near shelters.
9. Do not mark shelter surface (no chalk, paint, etc.).
10. Individuals/groups with reservations have been given permission to use the facility; however, the County asks that, when possible, allow another individual or family to utilize a small portion of the shelter.
11. Handicapped accessible bathrooms are available.
12. If you have any questions or experience unpleasant situations while at the park, please contact Bill Shortt, Director of Parks and Recreation, at 434-222-6236.

I certify that I am the duly elected or appointed representative of the organization aforementioned and have the authority to reserve this facility for use by the organization. I do further agree to be severally and jointly responsible for any damage which may occur to the property, furniture, or equipment during the use for which this application is being made, and will save the Board of Supervisors harmless from any liability that results from said use. I further agree to be responsible for the maintenance of good order and conduct on the facility property and I understand that INFLATABLES USED AT EDMUNDS PARK REQUIRE PRIOR APPROVAL BY HALIFAX COUNTY OFFICE AND TOWN OF SOUTH BOSTON.

Signature

Date

For Office Use:

Application Approved By: _____ Date: _____

Comments: _____