

City of North Little Rock Parks and Recreation Department

Model Rocket Individual Launch Request

Office Use Only					
Date Rec'd:					
☐ Approved					
☐ Denied					

Submission of this request does not guarantee approval. If approved, this permit will allow you to use, launch, and recover a model rocket(s) on the date and time listed. This request must be submitted to Field Reservations either in person or by mail "Field Reservations, c/o NLR Parks and Recreation, 2700 Willow Street, North Little Rock, AR 72114" or fax to 501-791-8528 or email to fieldreservations@nlrpr.org.

CONTACT INFORMATION							
The approved permit will be valid must be on-site at during the laun		•	ily members - applico	ant (Model Rocket Authoriz	ation Permit holder)		
Name:							
Phone 1: ()		X	Phone 2: (x		
Email:							
LAUNCH INFORMATION							
Launch Date:		. <u> </u>					
		Day of week		Month Day, Year			
Launch Time (daylight	hours only):	1 st choice:		2 nd Choice:			
Description of Rocket(s) (include engine/motor size):							
		AGREEM	ENTS				
by the guidelines and of Permit Application: Lia Guidelines, and Launch	bility Waiver,		•				
Signature	Date						
	1.011	NOU DEQUE	TC b ENAAL				
		NCH REQUES					
By submitting your request	via email, you a	rea automatically	acknowledging t	the 'agreement' listed	l above.		
Please use the following fo	rmat:						
	fieldreservations@nlrpr.org						
	Model Rocket Launch Request						
	Name: {insert name}						
	Phone 1: {insert phone number}						
	Phone 2: {insert other phone number} Launch Date: {insert day of week and date}						
Launch Time - 1 st Choice: {insert time}							
Launch Time - 2 nd Choice: {insert time}							
Rocket Description: {insert description including engine/motor size}							