

Park Pavilion Rental Form

\$50 Large Pavilion/\$25 Small Pavilion

Date of application: _____

Park pavilion being reserved: _____

Date of event: _____ Beginning time: _____ Ending time: _____

Reason for reservation: _____ No. of participants: _____
(ie: company party, church function, family reunion, birthday party, etc)

Describe activities in detail: _____

Applicant name: _____ Email: _____

Applicant address: _____

Applicant phone: _____ Cell phone: _____

Deposit received for *Quick Coupler of \$50: Y N Return Date: _____ (*Must be returned within 24hrs or deposit forfeited)

Deposit received for *Spicket Key of \$25: Y N Return Date: _____ (*Must be returned within 24hrs or deposit forfeited)

Please read *and* initial the following:

1. I understand that this is a public park and I am **ONLY** reserving the pavilion. I may use other amenities of the park such as splash pads, tennis courts etc; however, they are not solely for my use and are still open to the public. _____
2. I understand that the park is reserved in 4 hour increments and I must use this 4 hour block of time to set up and clean up. **If I do not have the pavilion cleaned within this time frame I understand my credit card will be charged \$100.** This penalty fee does not however, allow me to stay at the pavilion over my reservation time as there maybe another reservation following mine. _____
3. I understand that I **MUST** leave a credit card on file. The credit card will be charged a **fee of \$50** (plus tax) if the park is not left in satisfactory condition. (ie, the same condition the park was in when rented) _____
4. I understand that I may have a bounce house at a park under the condition I rent a large pavilion. _____
5. I understand that I may only have ceremonies, wedding receptions, etc at Nisson, Highland or Sullivan Parks, after proper registration and payment of \$250/venue has been made. If I am found to be holding the aforementioned at any other park I understand that **my credit card will be charged a "shut down" fee of \$500** and the event will be shut down. _____
6. I understand that I may not set up amusement type rides, stages, sound equipment, animal rides, carnival games, or any other like equipment in the park without an approved **Special Event Application** from the City. If the above equipment is set up without the proper paperwork, the event will be cancelled by the City of Washington for failure to comply and deposits and payments (if any) become non-refundable. _____
7. I understand that I may **not** charge admission, collect fees or dues, sell products or services, or conduct the exchange of any monies in conjunction with attending this event without an approved **Special Event Application** from the City. _____
8. I understand that dogs are prohibited in the park. _____
9. I understand that alcohol is prohibited in the park. _____
10. I understand that the park hours are 6:00 AM – 10:00 PM. _____
11. I understand that I will **not** receive a refund due to inclement weather. _____
12. I may receive a refund if I notify the Washington City Community Center 48 hours before my reservation date. _____
13. I understand that appropriate Washington City officials will review this application and I may be required to obtain a Special Event Application and other permits and abide by other conditions to mitigate any risk to Washington City or myself. _____
14. I understand that an incomplete form will result in the reservation approval being denied. _____

By signing below I acknowledge that the information given is complete and accurate, and I agree to abide by the conditions provided herein. I understand that I am renting either the large pavilion for \$50/4 hours or the small pavilion for \$25/4 hours for regular rentals and \$250/4 hours for weddings. This fee guarantees me a **pavilion** on the day and the time stated above **as long as the above conditions are met. All lines must be initialed or reservation may be canceled and fees forfeited.**

Applicant signature: _____ **Date:** _____

For Office Use Only

Fee amount: \$ _____ Invoice #: _____ Clerk's Initials: _____

CC Office Mgr: _____ CC on file: _____ Date: _____

Special Event Application Needed: Y _____ N _____

Conditions of approval: If there are further conditions, Washington City Community Center will contact applicant.