

City of Saline Parks and Recreation Department
PARK PAVILION RENTAL APPLICATION

NAME _____ GROUP (if applicable) _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ WORK/CELL _____ EMAIL _____

DATE REQUESTED: _____, 20____ DAY OF WEEK: MON TUE WED THU FRI SAT SUN

TIME: FROM _____ TO _____ (REQUESTED TIME SHOULD INCLUDE SET UP AND CLEAN UP TIME)

NUMBER ATTENDING _____ TYPE OF ACTIVITY _____

SPECIAL EQUIPMENT/REQUESTS _____

MILLPOND PARK ONLY: Electrical outlets are available and can handle a few appliances such as coffee pots, crock pots. If circuits are overloaded, the fuse will trip. If your event requires numerous electrical needs, a special outlet box is available. Special arrangements must be made for that use. [] Please indicate if you need special electrical arrangements.

Check Appropriate Box:	(Circle One)	<u>Monday- Friday</u>	<u>Weekend/ Holiday</u>
[] CURTISS		\$ 60.00	\$ 90.00
[] TEFFT		\$ 50.00	\$ 80.00
[] MILLPOND A (WATER SIDE)		\$ 50.00	\$ 80.00
[] MILLPOND B (PLAY STRUCTURE SIDE)		\$ 50.00	\$ 80.00
[] MILLPOND A & B		\$ 80.00	\$120.00

I hereby made this application for the use of the above stated pavilion on the date and hours stated above. I also certify that the information on the application is true and that I have read and agree to abide by the rental policy pertaining to the use of City of Saline pavilions as adopted by the City of Saline. I also agree to the fee charged, and shall be responsible pertaining to the use of the facility in accordance with the rental policy.

I further agree to indemnify, defend and save harmless the City of Saline, its officers, agents and employees from and against all loss or expense (including costs and attorney fees) by reason of liability imposed by law upon the City of Saline, its officers, agents and employees for damages because of bodily injury, including death at any time resulting therefrom sustained by any person or persons, or on account of damage to property including loss of use thereof, arising out of or in consequence of the performance of this contract, whether such injuries to persons or damage to property is due or claimed to be due to the negligence of the contractor, the City of Saline, its officers, agents and employees, excepting only such injury or damage as shall have been occasioned by the sole negligence of the City of Saline, its officers, agents and employees.

SIGNATURE _____ DATE _____

Saline Parks & Recreation Use	
DATE RECEIVED _____	TIME RECEIVED _____
RECEIPT # _____	RENTAL FEE \$ _____
CHECK # _____ CASH _____ VISA/MC/DISCOVER _____ [] ENTERED ON FACILITY CALENDAR	
APPROVED BY _____	DATE _____