

CITY OF GIBSON CITY

PARK INFORMATION REQUEST

ORGANIZATION: _____

CHAIRMAN OF EVENT: _____

PRESIDENT OF ORGANIZATION: _____

DATE OF EVENT: _____

TYPE OF EVENT: _____

STATE CHARTER FOR NOT-FOR-PROFIT ISSUED: YES _____ NO _____

EXPLAIN NEEDS OF EVENT AND HOW THE PARK FACILITY WILL BE USED:

CERTIFICATE OF INSURANCE REQUIRED: YES _____ NO _____

LIQUOR LIABILITY REQUIRED: YES _____ NO _____

COPIES OF THESE CERTIFICATES MUST BE SUBMITTED TO THE MUNICIPAL CLERK PRIOR TO THE EVENT (IF REQUIRED). THE EVENT WILL BE STOPPED IF THEY ARE NOT FILED PRIOR TO THE EVENT.

SPECIAL CONDITIONS FOR THE PARK

1. SHELTER AND AREA MUST BE CLEARED BEFORE YOU LEAVE OR CLEANUP CHARGES WILL BE ASSESSED.
2. _____
3. _____
4. _____
5. _____

SIGNED: _____

APPROVED: _____

ORGANIZATION CHAIRMAN

MAYOR

DATE: _____

DATE: _____

CITY OF GIBSON CITY

PARK RESERVATION APPLICATION

NAME: _____
ADDRESS: _____
CITY: _____
TELEPHONE NO: _____
DATE REQUESTED: _____
TYPE OF FUNCTION: _____
HOURS: _____
ESTIMATED ATTENDANCE: _____

SPECIAL CONDITIONS

1. _____
2. _____
3. _____

FEE: \$ _____

SIGNED: _____
APPLICANT

APPROVED: _____
PARK BOARD CHAIRMAN

DATE: _____

DATE: _____

REQUIREMENTS

1. THIS APPLICATION MUST BE APPROVED BY THE MAYOR.
2. A COPY OF THE APPLICATION WILL BE MAILED AFTER IT'S APPROVED.
3. APPLICANT SHALL DISPLAY THIS APPLICATION THE NIGHT BEFORE THE FUNCTION. SHELTER AND AREA SHALL BE CLEANED BEFORE YOU LEAVE OR CLEANUP CHARGES WILL BE ASSESSED.