

CITY OF BELGRADE - PAVILION RESERVATION APPLICATION

91 E CENTRAL AVE - BELGRADE MT 59714 - 406-388-3760

APPLICANT INFORMATION

Contact Name: _____ Organization/Group Name: _____

Mailing Address: _____

Phone (cell): _____ Phone (home): _____ Phone (work): _____

Email: _____

EVENT LOCATION - PAVILIONS

Lewis & Clark Park: (West, Fire Station East, Splash Park)

Kathy Park: Lion's Park: Clarkin Park Prairie View Park Ryen Glenn Park

Time of reservation: 9 am to 3 pm: 4 pm to 9 pm: 9 am to 9 pm* *double reservation fee

EVENT INFORMATION

Type of event: _____

Date of event: _____

Detailed nature of event: _____

Will alcohol be served? (check one): Yes: No:

Anticipated attendance*: _____ *(A park use permit is required if attendance is over 50)

Private event: or Public event:

RENTAL FEES AND CHARGES/ADDITIONAL INFORMATION

Initial next to each item: ****Payment is required before pavilion will be booked****

_____ Non-refundable reservation fee of \$25 for city residents and \$50 for non-city residents *per time slot per day*.

_____ A deposit of \$50 is required and will be refunded after the park facility has been cleaned. Costs incurred by the City of Belgrade for cleaning and all damage caused by the event in excess of the deposit will be billed to the Applicant.

_____ Nails, staples, and similar hardware shall not be used to attach decorative material to trees, walls, or ceilings. Decorations must be removed immediately after use.

_____ Except as authorized by the City of Belgrade, it is prohibited to drive on the park or use any public address system, loudspeaker, or other sound-amplifying device in any park. **Glass is prohibited.**

As a matter of policy, law, and commitment, the City of Belgrade does not discriminate on the basis of race, color, sex, marital status, sexual orientation, political ideology, age, creed, religion, ancestry, national origin, or presence of any sensory, mental, or physical handicap.

By signing the document, I take full responsibility for every participant of the event. I have read and agree to the terms and conditions outlined in the application, and I will follow the rules and requirements.

Applicant: _____ Date: _____

Issued by: _____ Date: _____

Office use only:

Post event cleaning/damage inspection: OK by: _____

Date paid: _____ Receipt #: _____ Refunded PO #: _____ Date mailed: _____

Check returned _____ Check deposited _____ Signature _____

Copies: Office _____ Customer _____ Police _____ PW _____ In Calendar: _____