



**CITY OF DELAND
PARKS AND RECREATION DEPARTMENT
REQUEST FOR PAVILION
RESERVATION FORM**



EARL BROWN PARK	BILL DREGGORS PARK
TIME: () 9:00 am - 12:00 pm () 1:00 pm - 4:00 pm () 5:00 pm - 8:00 pm () Other _____	TIME: () 9:00 am - 12:00 pm () 1:00 pm - 4:00 pm () 5:00 pm - 8:00 pm () Other _____
PAVILION: () North () South COOK SHED: () Yes () No	PAVILION: () East () West () N. Playground () S. Playground
EASTSIDE PARK	CHISHOLM PARK
TIME: () 9:00 am - 12:00 pm () 1:00 pm - 4:00 pm () 5:00 pm - 8:00 pm () Other _____	TIME: () 9:00 am - 12:00 pm () 1:00 pm - 4:00 pm () 5:00 pm - 8:00 pm () Other _____

RENTAL DATE: _____ **RESERVED FOR:** _____

NUMBER EXPECTED: ADULTS _____ CHILDREN _____ TOTAL _____

FEE: RESIDENT: \$15.02 + .98 TAX = \$16.00 () CASH () CK # _____
 NON-RES: \$16.90 + 1.10 TAX = \$18.00 () CASH () CK # _____

RESIDENT COOK SHED: \$ 9.40 + .60 TAX = \$10.00 () CASH () CK# _____
 NON-RES COOK SHED: \$11.27 + .73 TAX = \$12.00 () CASH () CK# _____

NOTE: Pavilion rental is for a 3-hour period. Parks are closed 30 min. after sundown.

AGREEMENT FOR USE OF FACILITIES: I read the policy regarding use of Recreation Facilities and will be responsible for facilities being clean and orderly, that participants conduct themselves in an orderly manner and that no vulgar or offensive language will be permitted and that NO SMOKING IN BUILDINGS, OR ALCOHOL OR INTOXICATING BEVERAGES will be allowed on the premises. *I also understand that no refunds will be given. We will, instead, issue a credit for a future rental.* I hereby assert that our group assumes all responsibility and that no claim or demand will be made against the City of DeLand on account of any accident or injury occurring during use of the above facility and agree to indemnify and hold the City of DeLand harmless from any claim, demand or damages on account of such accident or injury during use of the above facility.

SIGNATURE OF RESPONSIBLE PERSON: _____ **PHONE:** _____

ADDRESS: _____

STAFF SIGNATURE: _____ **DATE:** _____