

TOWN OF MALABAR

APPLICATION FOR PARK AND RECREATION RESERVATION

Today's Date: ___ - ___ - ___ Requested Dates & Times: From ___ - ___ - ___

Park Name: _____ To: ___ - ___ - ___

Group Name: _____ Estimated Attendance: _____

Description of Activity: _____ Alcohol Served: Yes ___ No ___

Applicant's Name: _____

Applicant's Address: _____

Telephone: Day: ___ - ___ Evening: ___ - ___ Email: _____

Permit Categories:

- ___ Category I Sponsored/Co-sponsored ___ Category IV - Private
___ Category II Sanctioned ___ Category V - Free Speech
___ Category III Non-Profit. Tax Exempt No _____

Fee Permit: \$ _____ Deposit Fee: \$ _____

The following activities require proof of insurance:

- 1. Physical contact sports.
2. Alcoholic beverage usage.
3. Sale of food items that has been permitted at functions open to public.
4. Gatherings that will have amplified music as its primary function.

Liquor Liability Insurance Certificate of Coverage attached: ___ Yes ___ No
General Comp. Liability Insurance Certificate of Coverage attached: ___ Yes ___ No

Special Limitations or Conditions:

- 1 - No vehicles on the grass anywhere within the park.
2. No activity on the Soccer Field.
3. No open fires permitted in the Malabar Community Park.
4. NO ACTIVITIES REQUIRING THE USE OF WATER IS ALLOWED (i.e. waterslides of any kind)

Park Services Requested:

Restrooms: Interior lights ___ Yes ___ No Exterior lights: ___ Yes ___ No Electrical Receptacles ___ Yes ___ No
Main Pavilion: Water: ___ Yes ___ No Electrical Receptacles ___ Yes ___ No Electrical Boxes 1, 2, 3, 4 ___ Yes ___ No

Please be advised that the restrooms will be setup for normal use. It is recommended that groups bring additional toilet paper and hand towels. All refuse not placed in trash cans will be removed from the park by the applicant.

I hereby accept responsibility for any and all damages and clean-up costs for the above referenced park facilities by the above named individual and/or group. By signing below I attest that I have received Malabar Ordinance 00-06 and agree to the terms and conditions set forth.

Signature of Responsible Applicant Print Name as signed

APPROVED DISAPPROVED Date : _____
(Town Administrator)

The park facilities referenced above have been inspected after use. It is recommended that the Deposit Fee be

RETURNED NOT RETURNED.
Comments _____

(Inspector) (Title) (Date)