

HARRIMAN PARK REQUEST FOR PAVILLION USE

NAME: _____

ADDRESS: _____

PHONE# Home: _____ CELL: _____

DATE REQUIRED: _____

Reason for request: _____

Number in Party: _____

Deposit for under 50 People: **\$50.00**

Deposit for over 50 People: **\$100.00**

By signing this form you are taking full responsibility for any damage to the park pavilion and restroom area during your use. You are required to make sure all trash is picked up and put into containers and bags are disposed of in the dumpsters. They are not to be left in cans. You are responsible for making sure the restrooms are left in the condition in which they were when you took possession. If upon inspection, after use, it is found to be unsatisfactory you will forfeit your deposit and will pay for any repairs needed. You will be responsible for the return of the key issued after use.

Signature: _____ Date: _____

Deposit Amount: _____ Check # _____ Cash _____ Key# _____

To be completed after use of pavilion.

Signature acknowledging return of deposit: _____

Date: _____ Return of Key# _____