

**City Park Pavilion Reservation Request**

**Date of Reservation:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Reserved by/for:** \_\_\_\_\_

**Planned Use of Facility:** \_\_\_\_\_

I, the undersigned, hereby agree and consent to abide by the following:

- a) be responsible for supervision of and for the people present;
- b) assumes full responsibility for any damage(s), which may result, to property and any liability of participants;
- c) understands that public restrooms are not available at either City Hall or the New Bloomfield Fire Department and furthermore agrees to ensure that porta-potties are made available for all activities planned OR that other arrangements have been made to accommodate for restroom needs of all participants;
- d) agrees to provide *extra* trash receptacles and bags *if needed* and dispose of said trash;
- e) agrees to clean up any and all trash and belongings and leave the facility in the condition in which they found it or better;
- f) restrict all fires to barbecue ovens and grills;
- g) keep all animals leashed and maintain control of any pets;
- h) it is unlawful to use or possess any firearms, BB guns, pellet guns, air rifle, crossbows, bow and arrow, **fireworks or explosive devices**;
- i) understands that any person violating the provisions of the park ordinance (No. 698-13) is guilty of a misdemeanor and upon conviction thereof, shall be fined not more than five hundred dollars (\$500.00) and/or sentenced to no more than 90 days in jail.

Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Of individual or authorized individual representing organization if applicable)

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**A legible photocopy of the applicant's driver's license and \$25 rental fee is required to be submitted along with the completed application. Deliver or mail the completed application to New Bloomfield City Hall, PO Box 77, New Bloomfield, MO 65063.**

**FOR USE BY CITY OF NEW BLOOMFIELD ONLY:**

Application Rec'd:  Mail or  Hand Delivered City Clerk Signature: \_\_\_\_\_

Amount Paid **\$25.00**  Check # /  MO #: \_\_\_\_\_  Cash Rept#: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

Date Post Event Inspection of Grounds Completed: \_\_\_\_\_ Inspected by: \_\_\_\_\_

Condition of Grounds:  Acceptable or  Citation Issued (Citation No. *if applicable*): \_\_\_\_\_