

CITY OF PRIEST RIVER

P.O. Box 415; 552 High Street

Priest River, Idaho 83856

(208) 448-2123 Fax: (208) 448-2232



PARK RESERVATION REQUEST

Name: _____ Organization: _____

Mailing Address: _____ Phone Number: _____

Name of Individual in Charge of Proposed Activity: _____

Nature of Proposed Activity: _____

Park Being Requested: City Memorial Joslyn

Requesting Reservation of (all fees are per day):

	In-City Residents	Out-of-City Residents
Patio	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$25.00
Gazebo	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$25.00
Patio and Gazebo	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$50.00
Entire Park (Special Event Application is also Required)	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$75.00

Date(s) Requested: _____ Time(s) Requested: _____

Number of Persons Expected to Attend: _____

Additional City Personnel or Items Requested: _____

Fees/Admission to be Charged: _____ Purpose of Fees Collected: _____

Individual(s) Collecting Fees: _____

- The applicant or organization obtaining a use permit shall hold the City and its employees, agents, and officers harmless and shall indemnify the City from any liability or claim whatsoever arising from the use of the park. The City shall be named as an additional insured party in any liability policy held by or issued to the permit holder. Proof of such liability insurance shall be filed with the City Clerk with injury and property damage coverage of not less than \$1,000,000.00. Such liability insurance requirement can be waived by the City Council only for events deemed to be low risk.
- A refundable cleaning deposit will be collected at the time of reservation. The applicant is responsible for clean-up and will ensure that all garbage is disposed of in trash bins provided at the park. Failure to do so will result in the deposit paid at the time of reservation being used for clean-up and/or damage repair expenses. Additional fees may be billed to the permittee.

Signature: _____ Date: _____

****FOR OFFICE USE ONLY****

Date Received: _____ Received By: _____ Deposit Collected: \$150.00 Large Event \$50.00 Small Event
Pre-Inspection Date: _____ Post-Inspection Date: _____ Deposit Refunded? _____ Date: _____