



# APPLICATION FOR RESERVATION

City of Perry Parks & Recreation  
203 W. Polly St. Perry, MI 48872  
517-625-6155 \* Fax: 517-625-6157

*"This institution is an equal opportunity provider and employer"*

**\*\* Two Checks Required \*\***

Deposit Paid  
Check No. \_\_\_\_\_

Rental Paid  
Check No. \_\_\_\_\_

*For Office Use Only*

**Return Completed Form with Fees (by Checks) to City of Perry.  
All questions may be directed to City Hall, 8 a.m. to 4 p.m. Monday through Friday**

**Applicant/Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone - Home:** (    ) \_\_\_\_\_ **Phone - Cell:** (    ) \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Dates of Event:** \_\_\_\_\_ **Maximum Number Attending:** \_\_\_\_\_

**Hours of Event:** \_\_\_\_\_ [    ] am [    ] pm to \_\_\_\_\_ [    ] am [    ] pm  
*(Include Set-Up and Clean-Up Time)*

**Description of Event:** \_\_\_\_\_

**Attached Proof of Liability Insurance:** [    ]

**Facility Requested:**

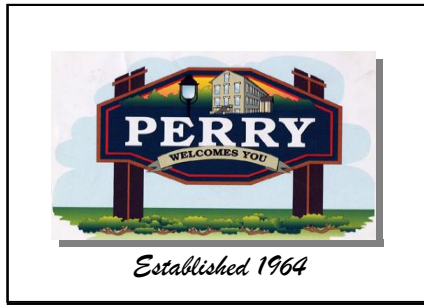
- [    ] Veterans Memorial Pavilion                      [    ] Veterans Memorial Softball/Baseball Field
- [    ] Veterans Memorial Soccer Field
- [    ] Jubilee Pavilion                                      [    ] Jubilee Softball/Baseball Field

**I have read, understand, will comply with and agree to be bound by the restrictions and conditions stated in the attached and incorporated City of Perry Parks & Recreation Facility Use Policy including, without limitation, all indemnification provisions.** \_\_\_\_\_  
Initials

**I understand and agree that I am fully responsible for all activity conducted at the above facility on the day, date and times stated. I agree to return the Facilities to an equivalent or better condition than when rented.** \_\_\_\_\_  
Initials

**I understand and agree that if the Facility is used in a manner not permitted by the City of Perry, or damaged during my rental period, the City may: ban me and/or the organization from using other city facilities; seek reimbursement from me for damages to City property; and/or subject me to other enforcement action as authorized by law.** \_\_\_\_\_  
Initials

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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**PLEASE CHECK ONE OF THE FOLLOWING (Optional):**

- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- BLACK OR AFRICAN
- HISPANIC OR LATINO
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- WHITE