



PARK RENTAL APPLICATION

DATE: _____ CONTACT NAME: _____

APPLICANT/ORGANIZATION: _____

REFUND DEPOSIT PAYABLE TO: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

RESERVATION DATE(S): _____ TIME: _____ TO: _____

PARK TO BE RENTED:

- CITY PARK - AREA (Circle all) COVERED SHELTER / STAGE
- LITTLE PEOPLE'S PARK TJ KELLY PARK GAZEBO OTHER _____

TYPE OF EVENT: _____

NUMBER OF PEOPLE EXPECTED: _____ MUSIC: YES/NO

WILL ALCOHOL BE PRESENT? YES/NO *(NOT ALLOWED AT TJ KELLY PARK)*

If alcohol is present, per Resolution 040814 a Special Event Application will be required.

Fees: \$35.00 per day. \$50.00 Damage Deposit. The City of Newport requires a damage deposit for parks and facilities usage. The deposit will be processed for refund in part or whole after inspection of the park or facility. Typically, the refund is processed within 30 days of the end of the event.

AGREEMENT

The applicant, _____ agrees that, during the use of the City Park facility, to abide by the rules outlined in this paperwork. I agree to keep the facility in a clean and orderly condition and also agree to be responsible for any damages to the facility if damaged by my activities or use.

I further agree to indemnify and hold harmless the City of Newport and its officials, employees, and agents from and against any and all suits, claims, actions, losses, costs and damages of whatever kind or nature, including attorney fees arising out of or in connection with use of the facility under this agreement. I understand that any personal property kept in or at the facility is at my own risk and that the City of Newport, its officials, employees, and agents accept no responsibility for such property whatsoever. I affirm that I am authorized to sign this agreement on behalf of the user group identified above and that such group is bound by the provisions contained in this agreement.

Applicant's Signature: _____ Date: _____

CITY OF NEWPORT USE ONLY

APPROVED: _____ DENIED: _____ REASON: _____

SIGNATURE: _____ DATE: _____

FEES PAID: _____ DEPOSIT TO BE REFUNDED: _____ CK # _____ Date: _____