## BRIER PARK FACILITIES ADVANCE REQUEST FORM Please fill in all highlighted areas (Check or Cash only)

REQUESTED BY:		PHONE #	
ADDRESS		CITY	ZIP
Do you plan to have a Bound Brier as additional Insured a		ease provide a Certificate of Insurance ou event.	listing the City of
Does your organization have	insurance or Bond?	Please attach a copy if applicabl	e.
FACILITY REQUESTED  *WEST BASEBALL FIELD FOR CI	( ) BASEBALL FIELD \$10.00 per hour ( ) BASEBALL FIELD \$10.00 per hour	\$20.00 per hour  P – WEST ( ) PICNIC SHELTER  Resident \$60.00 – Non-r  SHELTER NOT CLEA  BETWEEN PARTIES	R esident \$80.00 – 4 hours ANED/SANITIZED
FACILITY USE	( ) GAMES ( ) OTHER (Please spe	( ) PRACTICE ecify type of event and how many gues	ets)
	Event type	Number of guests	
DAYS REQUESTED		ALTERNATE DAYS	
TIME REQUESTED		ALTERNATE TIME	
the use of the facility requagrees to exercise the utm save and hold the City har further agrees to adhere to advance for all the fees ass available and recommends	ested above and certifies the lost care in the use of the rmless from all liability responds all rules and regulations ociated with this request. It is that you post the letter the letter or weekend staff to monito No vehicles are to be driven		t. The undersigned indemnify, defends. The undersigned agrees to pay in wer or water will be our event. The City
SIGNATURE:		DATE:	
DATE RECEIVED: APPROVING OFFICIAL: APPROVAL NOTICE: SENT TO APPLICANT:		DATES APPROVED: TIMES APPROVED: SCHEDULING FEE:	