

Park Reservation 1868 E. Perry St., Port Clinton, OH 43452 Phone: 419-734-5522 Fax: 419-734-1043 After Hours Non-Emergency Police: 419-734-3121

NAME:	Date:			
ADDRESS:	EMAIL:			
PHONE:	RESERVED DA	ATE:		
EVENT:				
EST. NUMBER OF PEOPLE:	TIME:			
Lakeview Park Shel	ter House 🗆 Lakeview Park	Underwood	Canopy 🗆	
Lakeview Park	Butcher Canopy 🛛 Portage	Park Shelter	House 🗆	
West End	Park Shelter House 🗆 Wate	erworks Park		
Jefferson Pier Canopy \Box 🛛 Adams St. (Gazebo) 🗆				
	OR ALL PARKS: \$25.00 ARANTEE RESERVATION*			
Non-Profit (501C3)	□ #		No Charge	
RULES: Please read and initia	<u>l each rule.</u>			
 No alcoholic beverages. Pets on leashes and mus No parking in grass 	sh is in trash containers provided.			
Checks to be made out to Port Clinto	on Recreation Department and acc	ompany signed	contract.	

WAIVER BELOW MUST BE SIGNED

Your signature below indicates that to your knowledge the information given on this form is correct and that you have read and agree with the following waiver: I hereby waive all claims for injury or accident or liability of any kind and do hereby release the City of Port Clinton and its Recreation Department, their employees from any claims, now or in the future, for such injury or accident.

I hereby agree to and will comply with the above rules and regulations for using the park. If event will use City facilities, any damage done, including grounds, buildings, etc. will be repaired by City at applicant's expense.

Signature

CITY RESERVES THE RIGHT TO CANCEL FUTURE EVENTS.

For Office	Use	Only:
------------	-----	-------

Date Received

_____ Received by _____ Rect. # _____