

# CITY OF BELGRADE - LEWIS & CLARK PARK PAVILION RESERVATION APPLICATION

APPLICANT INFORMATION	
Organization / Group Name:	
Applicant / Representative:	
Mailing Address:	
Phone:	Day: _____ Cell: _____
EVENT OPERATIONS	
Type of Event:	
Detailed Nature of Event:	
Will Alcohol be Served:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Event:	Private <input type="checkbox"/> Public <input type="checkbox"/>
Time of Reservation:	9 am to 3 pm <input type="checkbox"/> [AND/OR] 4 pm to 9 pm <input type="checkbox"/>
Pavilion Requested:	West, Fire Station <input type="checkbox"/> East, Splash Park <input type="checkbox"/>
Date of Reservation:	
Anticipated Attendance*:	(A Park Use Permit is required if over 50)*

\_\_\_\_\_ A non-refundable reservation fee of \$25 for City Residents and \$50 for non-city residents applies  
Initial per time slot per day.

\_\_\_\_\_ Except as authorized by the City of Belgrade it is prohibited to drive on the park or use any public  
Initial address system, loudspeaker, or other sound-amplifying device in any park. Glass is prohibited.

\_\_\_\_\_ Nails , staples, and similar hardware shall not be used to attach decorative material to trees, walls, or  
Initial ceilings. Decorations must be removed immediately after use.

\_\_\_\_\_ A deposit of fifty dollars (\$50) is required and will be refunded after the park facility has been cleaned.  
Initial Costs incurred by the City of Belgrade for cleaning and all damage caused by the event in excess of the deposit will be billed to the Applicant.

As a matter of policy, law, and commitment, the City of Belgrade does not discriminate on the basis of race, color, sex, marital status, sexual orientation, political ideology, age, creed, religion, ancestry, national origin, or presence of any sensory, mental, or physical handicap.

By signing the document, I take full responsibility for every participant of the event. I have read and agree to the terms and conditions outlined in the application, and I will follow the rules and requirements.

\_\_\_\_\_ (Sign) \_\_\_\_\_ (Date)  
APPLICANT

Issued by: \_\_\_\_\_ (Sign) \_\_\_\_\_ (Date)

Post event cleaning\damage inspection:	OK <input type="checkbox"/>	by: _____
Office Use Only	Date Paid _____	Receipt # _____ Refunded PO# _____
Date Mailed _____	CK Returned _____	CK Deposited _____ Signature _____
Copies: Office _____ Customer _____ Police _____ PW _____		

