

CITY OF ST. ROBERT

Pavilion Rental Application



Pavilion Reservation Form

Applicant: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Point of Contact: _____ Phone: _____

Pavilion Reserving: ____ Pavilion A ____ Pavilion B

Type of Activity: _____

Rental Date: _____ Time In: _____ Time Out: _____

(Time Periods include set-up and clean-up)

Fees: Cost of rental for a pavilion is \$25 for one calendar day

DEPOSIT INFORMATION

- All applicants, including Non Profit Organizations and City Employees, must pay a \$10 security deposit for each usage.
- This deposit guarantees your reservation date and covers damage and clean-up of the facility.
- This deposit is refundable; once the facility is checked and approved by the designated City Employee your refund will be mailed to you within a 2-3-week time frame.

Automatic Forfeitures of this Deposit will occur Under the Following Circumstances:

- If there is property damage to the facility, grounds, equipment or furnishings, additional charges may be assessed if property damage occurs.
- If there is trash left on the grounds or not picked up.

ASSUMPTION OF LIABILITY AGREEMENT TO HOLD HARMLESS

The applicant assumes the entire responsibility and liability for losses, damages and claims arising out of injury or damage to the applicant's display, equipment and other property brought upon the premises of the City and shall indemnify and hold the City, agents, and employees from any and all such losses, damages and claims.

AGREEMENT TO ABIDE BY RULES AND REGULATIONS

In the event the applicant is a corporation, association, club, society, or group the person signing this agreement for such entity represents to the City that he/she has full authority to sign such contract and, in the event that he/she is not authorized, that he/she will be personally liable for faithful performance of this agreement. The Terms and Conditions, together with the attached rules and regulations shall constitute a contract between applicant and the City of St. Robert facilities. I understand and plan for the group I represent to apply to all the above and attached rules.

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DEPOSIT:

Amount Paid: _____ Cash/Check #: _____

Summit Date: _____ Summit RCPT#: _____

Received Deposit Signature: _____ Date: _____

RENTAL FEE:

Rental Fee Due: _____ Due Date: _____

Amount Paid: _____ Cash/Check #: _____

Summit Date: _____ Summit RCPT#: _____

Received Rental Signature: _____ Date: _____

REFUND FORM:

Refund Form Completed on _____ by _____

CANCELLATION (if applicable)

This reservation was cancelled on _____ by _____

This reservation was cancelled via:

Telephone

E-mail

In Person