

City of Gallipolis
Parks & Recreation Department
333 Third Ave / P.O Box 339
Gallipolis, Ohio 45631
740-446-1789x626 / 740-441-6022
www.cityofgallipolis.com / cityrec@gallipoliscity.com

FACILITY USAGE FORM

DATE OF EVENT: _____ TIME OF EVENT: _____

NAME: _____

ADDRESS: _____
Street City State Zip

CONTACT NUMBER: _____ APPROX NO ATTENDING: _____

PURPOSE: _____

FEES - PER DAY

Circle One: Mound Hill Shelter Haskins Park Shelter Canaday Park Shelter

\$40.00 – 10:00am to 3:00 pm _____

\$40.00 – 4:00pm – Dark _____

\$60.00 – All Day _____

Ball Fields - \$25.00 per day per field:

Ted Perry _____ 3 Fields

K of P _____ 1 Field

GUIDELINES FOR CITY FACILITIES

- Person(s) obtaining a permit to use City Facilities must be at least 21 years of age and shall be responsible for the group's conduct and respect for the facility.
- If Admissions Fees are charged, including pre-sale and gate admissions, the City of Gallipolis will receive 10% of all **GROSS** earnings.
- There shall be no alcoholic beverages (without proper permits) or gambling equipment of any kind on the street or in the park(s).
- No passenger cars / trucks / or overnight camping will be permitted at any time.
- All dogs shall be on leashes and owners shall be responsible for all clean up.
- **Prior to placing any tents, stakes, or other items in the ground the renter must contact the City of Gallipolis to locate utility lines in and around the Park**

Your reservation for Haskins Park, Canaday Park, or the Mound Hill Shelter will be held until the **END OF THE NEXT BUSINESS DAY**. Failure to make payment and submit paperwork by the **END OF THE NEXT BUSINESS DAY** will result in your reservation being cancelled. If / when your **PAID** reservation is cancelled you may reschedule for a later date. However, there will be **NO REFUNDS** unless your reservation is cancelled by the City of Gallipolis.

In consideration for the use of City Facility noted herein, the undersigned agrees to hold the City harmless for any and all injuries or property damage suffered by the undersigned or his / her invitees and for any injuries or property suffered by a third party occasioned by the undersigned's use of such use of the facility. The undersigned is familiar with, and appreciates the risk of the use of the facilities noted herein and agrees to assume all risk associated with such use. If the City shall incur necessary expenses, or become obligated to pay attorney fees or court costs, the undersigned agrees to reimburse the City therefore.

Signature of Applicant

Date

Signature of City Manager or Designee

Date

DATE FORM COMPLETED: _____