



TOWN OF EMMITSBURG
 300A South Seton Avenue
 Emmitsburg, Maryland 21727
 P. 301-600-6300
 F. 301-600-6313
info@emmitsburgmd.gov

PAVILION RESERVATION REQUEST

PARK REQUESTED: Memorial Community

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

ORGANIZATION: _____

REASON FOR REQUEST: _____ # OF PEOPLE ATTENDING _____

DATES & TIMES REQUESTED: _____

SPECIAL REQUIREMENTS: _____

NO ALCOHOLIC BEVERAGES PERMITTED IN PARKS
 Park Hours 6am – ½ hour past sunset

CONDITIONS OF USE:

1. The Town, its agents and employees shall not be liable for any loss, damage, injuries, or other casualties of whatsoever kind or by whomsoever caused to the person or property of anyone on or off the premises, arising out of or resulting from the applicant's use, possession or operation thereof, or from defects in the premises whether apparent or hidden, or from the installation, existence, use, maintenance, condition, repair, alteration, removal, or replacement of any equipment thereof, or the applicant hereby agrees to indemnify, defend and hold the Town, its agents and employees harmless from and against all claims, demands, liabilities, suits or actions for such loss, damage, injury or other casualty. You are hereby informed that Town insurance does not cover this event.

I HAVE READ, UNDERSTAND AND AGREE WITH ITEM #1 IN THE CONDITIONS OF USE

 Applicant, Signature & Date

2. Applicant agrees to assume responsibility for any and all property damages to the facility caused by their participants, members of guests.
3. Applicant agrees to a **\$125 refundable deposit** for cleanup and bathroom usage.
4. Please put all trash in trash bags and place in proper trash receptacles.
5. Reservations are not considered as confirmed until payment has been made.
6. Restroom keys must be picked up during regular business hours **Mon-Fri 8am-4:30pm**. (Keys are not transferable).

I HAVE READ AND AGREE WITH THE ABOVE CONDITIONS OF USE

CONDITIONAL APPROVAL

 Applicant, Signature & Date

 Town Representative Date

RESERVATION FEE:

APPROVAL:

Date Paid: _____

Amount Paid: _____

 David Haller, Town Manager Date

*****KEYS MUST BE RETURNED TO THE TOWN OFFICE OR PUT IN SLOT AT 22 E. MAIN STREET IMMEDIATELY AFTER EVENT.**