

CITY OF AFTON
PARK RESERVATION AGREEMENT
 No alcoholic beverages or bonfires are allowed in the park

ORGANIZATION OR INDIVIDUAL

GROUP OR INDIVIDUAL NAME: _____
STREET ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER: _____ **EMAIL:** _____
EVENT / ACTIVITY: _____
ESTIMATED NUMBER ATTENDING: _____ **DATE & TIME OF EVENT:** _____

FACILITIES REQUESTED

BASEBALL FIELD _____ **PICNIC SHELTER** _____ **WHOLE PARK *** _____
TENNIS/B-BALL COURT _____ **GAZEBO** _____ * Does NOT include playground/play structure.

The deposit is to ensure the park is clean and has no damages when the event is over.

PLEASE READ APPLICANT'S RESPONSIBILITIES AND REQUIREMENTS

1. Applicant is **REQUIRED TO ARRANGE** for additional satellite toilets and traffic control for groups of two hundred (200) or more attendees;
2. Applicant shall contact Washington County Sheriff, Sgt. Lonnie Van Klei, 651-430-7867 for event traffic control attendance over two hundred (200) attendees;
3. Applicant shall obtain a **REQUIRED PERMIT** from Washington County Health Department (651-430-6655) if food is sold;
4. Please also note that activities must be contained to the park boundaries; **OBSTRUCTING SURROUNDING STREETS IS NOT ALLOWED!**

As the applicant for this event, I assume full responsibility for the conduct of the group, trash cleanup, ensuring ONLY RECYCLING ITEMS go into the recycling bins (no trash) and any damages to the property during the time Town Square Park is being used under this agreement.

 Applicant Signature _____
 Date

FOR OFFICE USE		
<u>CIRCLE APPLICABLE FEES:</u>	<u>RESIDENT</u>	<u>NON-RESIDENT</u>
BASEBALL FIELD	No Fee	
TENNIS/B-BALL COURT	No Fee	
PICNIC SHELTER	\$ 25 Fee/\$100 Deposit	\$100 Fee/\$100 Deposit
GAZEBO	\$ 25 Fee/\$100 Deposit	\$100 Fee/\$100 Deposit
WHOLE PARK *Does not include playground/play structure.	\$100 Fee/\$200 Deposit	\$200 Fee/\$200 Deposit
<u>CHECK # / AMT / STAFF INITIALS:</u>	<u>EVENTS WITH OVER 200 ATTENDEES - APPLICANT MUST ARRANGE:</u>	
____ / ____ / ____ FEE PAID	____ ADDITIONAL SATELLITE TOILETS	
____ / ____ / ____ DEPOSIT PAID	____ EVENT TRAFFIC CONTROL -- WASHINGTON COUNTY	
	____ FOOD / BEVERAGE PERMIT -- WASHINGTON COUNTY	

APPROVAL FOR EVENT WITH OVER 200 ATTENDEES: **APPROVED COPIES SENT TO:** Staff Initials: _____

Washington County Sheriff **Date:** _____

Lower St. Croix Valley Fire Dept **Date:** _____

 City Administrator Date

PUBLIC WORKS STAFF -- COMPLETE AFTER EVENT

_____ Release entire Deposit \$_____ Charges for Cleanup/Damage PW Staff Initials/Date _____ / _____
 Describe Park Cleanup/Damage: _____

OFFICE STAFF COMPLETE – FOR RELEASE OF DEPOSIT

Deposit: \$_____ minus charges for cleanup/damage: \$_____ = Refund of Deposit: \$_____

Escrow Release Verified _____ / _____ Staff Initials/Date To Acct-Approved to Release _____ / _____ Staff Initials/Date