

MUNICIPALITY OF CARLISLE • PARK SHELTER RENTAL APPLICATION

Name: _____

Address: _____

City/State Zip: _____ Telephone: _____

<u>SHELTER REQUESTED:</u> <input type="checkbox"/> Mary Beachler-Roof Shelter <input type="checkbox"/> Lions Shelter <input type="checkbox"/> Homan Shelter (<i>no electric available</i>)	<u>RENTAL PERIOD:</u> Date: _____ <input type="checkbox"/> All Day: 10:00 A.M. – 7:00 P.M. <input type="checkbox"/> Morning: 10:00 A.M. – 2:00 P.M. <input type="checkbox"/> Afternoon: 3:00 P.M. – 7:00 P.M.
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GENERAL PARK RULES AND REGULATIONS

- Parks are open from dawn until dusk.
- All activities are open to the public at all times on a first come, first serve basis unless otherwise stated.
- Dogs are permitted in all parks, but must be on a leash at all times. Dog owners must pick up after their animals and properly dispose of all waste. Dog waste disposal bags are available in the Park.
- Shelter renters are responsible for leaving the shelter in the same manner in which it was found. This means all tables must be put back into place with nothing missing and all decorations and trash placed in the provided waste receptacles.
- Alcohol is prohibited in all parks. All posted rules and regulations should be followed at all times.
- **NO staples, thumbtacks, screws, nails, or any type of fastening material are to be fastened into tables or structures.**

SHELTER RESERVATION FEES AND CHARGES

RESERVATION FEES: \$32.00 – 4 HOURS (Electric included)

\$64.00 – ALL DAY (Electric included)

Weekend Rentals- Any changes to the reservation MUST be approved by noon on the Friday before the rental.

****No refunds will be given for rental cancellations.** There will also be no reimbursements or rescheduling for inclement weather. If a rental is cancelled prior to the reservation date, your rental can be rescheduled without penalty through December 31, 2020 (subject to availability).**

Signature: _____ Date: _____

Print Name: _____ (Second Signature Required on Back of Form)

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PAYMENT INFORMATION: _____ Rental Fee

_____ Total Amount Paid Check # _____ Cash

Payment Received By: _____ Date: _____