

# City of Harbor Springs

160 Zoll Street • Harbor Springs • MI 49740

Phone: 231-526-2104 • Fax: 231-526-6865 • www.cityofharborsprings.com

## Kiwanis Park Facility Reservation Form

Name of applicant: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Applicant Phone number    mobile \_\_\_\_\_    home \_\_\_\_\_

Name or description of event: \_\_\_\_\_

Date Requested: \_\_\_\_\_    Times Requested: \_\_\_\_\_

Please provide a brief description of the proposed use of the Kiwanis Park facility including the approximate number of guests.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Applicant Acknowledgment of General Use Rules

- I am over the age of 21 and will be present during the agreed upon time of the agreement, and will not leave minors (under the age of 18) unsupervised for any period of time.
- I understand that I am responsible for cleaning the facility after my event in accordance with the Kiwanis Park usage rules & regulations.
- I understand my \$100.00 deposit will be forfeited should the key be misused or lost, or should the facility be left in poor condition.
- I understand that the use of alcohol, tobacco, illegal drugs, firearms, fireworks, candles, open flames, and campfires are strictly prohibited and that I must comply with, and ensure that my guests comply with, all local, state, and federal ordinances and laws.

Applicant Signature

\_\_\_\_\_

### This section to be completed by City Hall Staff

- Reservation approved by \_\_\_\_\_
- \$100.00 deposit paid by applicant  
cash or check
- Key given to applicant on \_\_\_\_\_
- Key returned on \_\_\_\_\_
- Facility found in good condition, refund approved  
by \_\_\_\_\_
- \$100.00 deposit refunded on \_\_\_\_\_

Comments:

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