

Holdingsford City Center, Park and Shelter Rental Application

Submit this Rental Application to City Hall 5 day Prior to the event.
Please complete all items below

Date and Time of the Rental

Day of Rental: _____ Rental Hours: _____

I would like to Rent

City Hall

Veterans' Park Shelter

Cost of Rental: _____

Contact Information

Name of Renter: _____

Contact Person: _____

Address: _____

Phone Number: _____

Event Information

Describe the event and Activities including entertainment: _____

Estimated Attendance: _____

Will Alcohol be served: **YES or NO**

Applicant must comply with all Alcohol Licensing Requirements

Hold Harmless Agreement: I hereby agree to release all liability from the City of Holdingsford for any loss, damage, injury, and/or expense that I, or any participants of my event, may suffer as a result of my use of the facility. I also agree to reimburse the city for any damages that may occur during my event.

X

Applicant

X

Date