

Eveleth Veterans Park Facility Use Application

This application shall be submitted at least two (2) weeks prior to the date for which reservation is requested with the exception of unforeseen circumstances. If you have made a reservation request by phone, your reservation will be voided if this application is not received within one week of making the request.

Name of Organization: _____

Name of Applicant: _____

Applicant's Mailing Address: _____

Applicant's Phone No.: _____

Resident of Eveleth:

Yes No

Purpose of Event: _____

<p>Estimated Number of People in Attendance:</p> <p>_____</p>	<p>Requested Date(s) of Use:</p> <p>_____</p> <p style="text-align: center;">Hours of Use:</p> <p>_____</p>	<p style="text-align: center;">Facility Desired:</p> <p><input type="checkbox"/> Pavilion (Resident Rate: \$100; Non-Resident Rate: \$125)</p> <p><input type="checkbox"/> Kitchen/Dining Room (Resident Rate: \$100; Non-Resident Rate: \$125)</p> <p><input type="checkbox"/></p>
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Request for Permit to Consume Alcoholic Beverages:

Yes No

Damage Deposit & Rental Fees are due at the time of application. Cancellations must be in writing 30 days prior to the event or the damage deposit will be forfeited. Please send separate checks for rent and damage deposit. Thank You.

Damage Deposit: \$50.00

Rental Fee: \$ _____

Please return this form and payment to:

City of Eveleth
413 Pierce Street
Eveleth, MN 55734
(218)744-7485

Office Use Only

Received: _____
Payment: _____ \$ _____ R# _____ C# _____

Alcohol Permit : _____
Deposit Returned: _____

I understand that my use of the Eveleth Veterans Park facilities is voluntary and that I am using it for my benefit only. I agree that my use of the Eveleth Veterans Park facilities is undertaken at my own risk and that the City of Eveleth will not be liable for any claims, injuries, damages of whatever nature incurred by me or members of my organization due to the negligence of members of my organization, or the negligence of third parties. On behalf of myself and the organization that I represent, I expressly forever release and discharge the City, its agents or employees, from any such claims, injuries, or damages of whatever nature arising out of or connected with my use of the Eveleth Veterans Park facilities. I also agree to reimburse the City for any damage, breakage, maintenance, and theft of equipment beyond the damage deposit figure if so warranted. I also acknowledge receipt of the Eveleth Veterans Park Guidelines and state that I will observe them during the season.

Signed: _____ Date: _____