

LIVERPOOL TOWNSHIP

Request for Use of Mill Stream Park Pavilion

Group Name _____ Contact Name _____

Date Submitted _____ Contact Phone No. _____

Approximate Number Attending _____ Start Time _____

Date of Event _____ End Time _____

Signature _____

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- Requests to reserve pavilion must be submitted in writing to Trustees at least thirty (30) days prior to event for approval.
 - Security deposit and fee (if applicable) must be paid with reservation request. There will be no fees refunded after receipt by the Township Fiscal Officer. Security deposit will be refunded after the event upon verification that proper clean up has been completed and no damage is evident. Any group using the park facilities is responsible for **removing from park grounds all refuse** generated. Any picnic tables removed from the pavilion must be returned to their original location.
 - Electric is available from a power pole located near the pavilion. Groups using the pavilion are responsible for providing their own extension cords. There is no electric service within the pavilion.
 - Indoor restroom facilities are available seasonally. During winter months portable restroom facilities are available.
 - Security may be required at the discretion of the Township Trustees.
 - Park hours are from dawn to dusk. All clean up must be completed prior to dusk.
 - The group named above agrees to indemnify and hold harmless the Township from any loss or injury arising from use of the Township park facilities.

- FOR OFFICE USE ONLY -

- DO NOT WRITE BELOW THIS LINE -

DATE SECURITY DEPOSIT/FEE RECEIVED _____

DATE APPROVAL FOR USE OF PAVILION GRANTED _____

APPROVED BY _____

PARK RULES

- **Park hours – dawn to dusk**
- **Motorized vehicles must stay on parking area**
- **No alcohol permitted**
- **Keep pets on a leash**
- **Clean up after your pets**
- **Keep it nice – for all to enjoy**

I have read the Park Rules and agreed to abide by these Rules. I further agree to provide a copy of these rules to the entire group prior to use of the Park facilities.

Signature_____

Date_____