Return Completed Form	ICATION FOR SERVATION erry Parks & Recreation olly St. Perry, MI 48872 155 * Fax: 517-625-6157 on is an equal opportunity provider and employer"	
All questions may be directed to C	ity Hall, 8 a.m. to 4 p.m. Mono	day through Friday
Applicant/Organization:		
Contact Person:		
Address:		
Phone – Home: ()	Phone – Cell: ()	
Event Name:		
Dates of Event:	Maximum Numbe	r Attending:
Hours of Event: [] am [(Include Se] pm to [t-Up and Clean-Up Time]]am []pm
Description of Event:		
Attached Proof of Liability Insurance	:[]	
Facility Requested: [] Veterans Memorial Pavilion [] Veterans M [] Jubilee Pavilion	[] Veterans Memoria Iemorial Soccer Field [] Jubilee Softball/B	
I have read, understand, will comply wit conditions stated in the attached and in Use Policy including, without limitation	corporated City of Perry Pa	rks & Recreation Facility ons
I understand and agree that I am fully refacility on the day, date and times state better condition than when rented.	d. I agree to return the Faci	
I understand and agree that if the Facili Perry, or damaged during my rental peri from using other city facilities; seek rein and/or subject me to other enforcement	od, the City may: ban me an mbursement from me for da	nd/or the organization mages to City property;
Applicants Signature	Date	
		Revised 11-05-20

City of Perry
APPLICATION FOR
RESERVATION
"This institution is an equal opportunity provider, and employer"
PLEASE CHECK ONE OF THE FOLLOWING (Optional):
AMERICAN INDIAN OR ALASKA NATIVE
ASIAN
BLACK OR AFRICAN
HISPANIC OR LATINO
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
WHITE