

HIGH PARK SHELTER RENTALS

Today's Date _____ Rental #FA _____

NAME OF INDIVIDUAL OR ORGANIZATION: _____

RESPONSIBLE PARTY:

NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (HOME) _____ (CELL) _____

E-MAIL _____

FACILITIES NEEDED (circle one)

Open Shelter

Zimmerman Pavilion

Amphitheater

Gazebo

EVENT TYPE _____

ATTENDANCE EXPECTED _____

DAY(S) REQUIRED (check) M T W Th F Sat Sun

DATE(S) REQUIRED _____

TIMES REQUIRED (circle one)

Full Day 7am-11pm

Half Day 7am-2:30pm

Half Day 3:30pm-11pm

The holder of this permit has priority use of the above facilities on the days and times listed.

IT IS UNDERSTOOD that the user maybe pre-empted by the Derby Recreation Commission if scheduling needs arise.

Category: 1 2 3 **Fees Total:** _____

Staff _____ Date _____