



Please return completed form with reservation fee to:
233 S. Main Street
Monroe, Ohio 45050
(513) 727-8953
Fax (513) 422-7146

Reservation of Park Facilities

Date of application: _____

_____ Front Shelter (First Shelter on Left) _____ Rear Shelter (Last Shelter on Left)

(Please Print)

Date Requested: _____ Time Requested: _____

Person Responsible: _____

Address: _____ City: _____ Zip: _____

Phone: (____) _____ - _____ Alternate Number: (____) _____ - _____

Email: _____

Activities Planned: _____

Organization: _____ Number of People: _____

Signature of Applicant

I AGREE TO ALL PARK FACILITIES (SHELTER) RULES AND REGULATIONS (ATTACHED). EACH APPLICANT AGREES TO PROTECT AND HOLD HARMLESS THE CITY OF MONROE AND ITS EMPLOYEES FROM ALL LIABILITY ARISING FROM THE APPLICANT'S USE OF THE PARK FACILITIES. THE CITY DOES NOT WAIVE ANY FUTURE CLAIM OF RECOVERY FOR DAMAGE SUSTAINED WHILE UNDER THE SUPERVISION OF THE APPLICANT. _____ INITIALS OF APPLICANT

_____ \$ 25.00 Reservation Fee Received

OFFICE USE ONLY

_____ FEES PAID _____ RECEIPT NUMBER

CASH CHECK # _____ CHARGE APPROVAL # _____

RECEIVED BY: _____ DATE: _____

LOGGED SIGN MADE