



APPLICATION FOR AUTHORIZED USE OF A YELLOW MEDICINE COUNTY PARK

Name: _____

Address: _____

Telephone: _____

E-mail Address: _____

Date of Requested Use: _____

Time of Use: Start: _____ End: _____

Identify the Park you want to use:

Oraas Park

Timm Park

Purpose of the Use: _____

Number of Anticipated Attendees: _____

Please indicate, by checking each item below, your understanding of the requirements:

As per Chapter IV Regulations Pertaining to General Parkland Operation, Section 3- Alcohol and Controlled Substances.

It Is / Is Not our intent to have alcohol available at this event.

As per Chapter III Regulation of General Conduct-Personal Behavior, Section 1-Littering, I hereby declare that the Park will be clean of all debris resulting from this event. If you are expecting more than 50 people at this event, a damage deposit of \$100.00 will be required with this application.

As per Chapter IV, Section II, I will abide by the Noise/Amplification of Sound requirements.

A reservation fee of \$25.00 shall accompany this application.



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If the number of expected vehicles requiring parking space exceeds 50, you must consult with the Parks Director, Matt Morris.

I, _____, have read and understand the Yellow Medicine County Park Ordinance and agree to comply with all requirements.

Signature

Date

Your application for use of a Yellow Medicine County Park has been granted with the following stipulations:

Matt Morris, Parks Director

Date