

**Application for authorized use of a Yellow Medicine County Park.**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

3. Date of requested use: \_\_\_\_\_

4. Time of use: Start: \_\_\_\_\_ End: \_\_\_\_\_

5. Identify the Park you want to use:

Oraas Park

Timm Park

6. Purpose of the use: \_\_\_\_\_

\_\_\_\_\_

7. 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 clean of all debris resulting from the event. If you are expecting more than 50 people at the event, a damage deposit of \$100 will be required.

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

\_\_\_A reservation fee of \$15.00 shall accompany this application.

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

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

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Signature

Date

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

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DON MOCK, Parks Director

Date