

NAME OF APPLICANT AND/OR ACTIVITY SPONSOR

Name/Organization \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Event \_\_\_\_\_ Maximum Attendance \_\_\_\_\_

Contact Person: \_\_\_\_\_

Park Shelter Rental Times:

HOURS ARE: Monday through Sunday (7 days a week) Sunrise to Sunset Facility Requested below:

Cumberland Residents			Non-Cumberland Residents			
Rental Fee	Tax	Total	Rental Fee	Tax	Total	
( ) Large Shelter (up to 100)	\$50.00	\$3.50	\$53.50	\$75.00	\$5.25	\$80.25
( ) Small Shelter (up to 50)	\$25.00	\$1.75	\$26.75	\$50.00	\$3.50	\$53.50

We no longer rent out Council Chambers.

TERMS AND CONDITIONS

- A. The Town Manager’s office will schedule the facility use, the Clerk Treasurer will receive and account for fee revenues and deposits.
- B. The following take priority when scheduling out these facilities, Town Hall business, Police Department business and Town Council business.
- C. Not-for profit and for profit businesses and organizations external to the Town’s corporate limits may use the shelter facilities for the above fees during the above time periods.

POLICY RESTRICTIONS AND CONDITIONS

1. NO activity for which a fee is charged or assessed to attendees.
2. NO activity of retail nature profiting individuals or private businesses will take place.
3. NO activity violating Federal, State or Local laws shall take place.
4. NO activity risking damage to or breach of the security of the government offices shall take place.
5. NO alcoholic beverages are permitted in any municipal facility or shelter.
6. NO formal religious services shall take place.
7. NO smoking or vaping is permitted in any municipal facility or on the grounds.
8. Nothing shall be posted on any wall without written permission of the Town Manager.
9. Please be aware of the parking and signage related to parking.
10. Shelter must be returned to how it was found.

\*I have read, understand and will fully comply with the Policy Restrictions and Conditions stated above regarding the use of the facilities requested. I also agree to be fully responsible for activity conducted at the facility on the day, date and time(s) stated above and to clean up afterwards. I accept liability for damages that may occur, Further, I understand that the Town may have town meetings or events that come up at the last minute and require me to reschedule this event.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Email address \_\_\_\_\_

Make check or money order payable to: Town of Cumberland. Return completed form with payment to: Town of Cumberland, 11501 E. Washington Street, Cumberland, IN 46229

TO BE ASSURED OF A REFUND, RETURN THIS FORM AND RECEIPT TO TOWN HALL AT LEAST TWO DAYS PRIOR TO RESERVATION DATE WHEN MAKING A CANCELLATION.