



**FACILITY USE APPLICATION**

Today's Date \_\_\_\_\_ Applicant Name \_\_\_\_\_

Name of Group \_\_\_\_\_

Address \_\_\_\_\_ Phone (home) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work/cell phone \_\_\_\_\_

Email address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of event \_\_\_\_\_ Estimated attendance \_\_\_\_\_

Date(s) of proposed event \_\_\_\_\_

Set-up to begin \_\_\_\_\_ Event start time \_\_\_\_\_ Event end time \_\_\_\_\_ Clean-up to end \_\_\_\_\_

**Facility(s) to be used:** *(please check all that apply)*

- |                          |                             |                         |
|--------------------------|-----------------------------|-------------------------|
| Jaycee Pavilion          | Nickless Pavilion           | Satow Pavilion          |
| Heritage Cove Pavilion   | Lions Building              | Kern Community Pavilion |
| Herzog Platz             | BBQ/Service Building        | CEC Building            |
| Schau Platz (Band Shell) | Rose Garden: 11:00am-3:00pm | 4:00pm-8:00pm           |
| Scout Building           | Other Facility _____        |                         |

This agreement is made between the undersigned party as Lessee, and the City of Frankenmuth as Lessor.

It is an additional consideration of the lease agreement between said parties that, in the rental of the park premises in Frankenmuth, Michigan, the Lessee, on behalf of and for itself, its agents, employees and guests, agrees to assume all risk of loss, damage and/or injury by, from or through any means or hazard, whether to person or to property, that occurs or is alleged to occur on the premises. Lessee further agrees to release, indemnify and hold harmless the Lessor, their officers, agents, employees, successors and assignees from any and all claims, liabilities, damages, losses, suits, fines, penalties, demands and expenses, including costs of suit and attorney fees, which any of them may incur, be responsible for, or pay out as a result of bodily injury (including death) to any person or damage to any property or person, arising out of or in connection with this lease.

I have also received the facility rules and agree to abide by them.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information-** Total Fee \_\_\_\_\_

Cash \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Check # \_\_\_\_\_ Name on Card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**CITY USE ONLY**

Copy of Drivers License \_\_\_\_\_ Certificate of Insurance Required \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_