



Picnic Shelter Use Permit

| | | |
|---|---|---|
| Date(s) of Use | | Facility (Check One) Municipal (325 McCullers Drive) Community Park (1075 Amelia Church Road) All-Star Park (400 Front Street) |
| Time (Beginning & end time. Be sure to allow time for set up) | | |
| Number attending (approximate total) | Name of Organization/Group/Individual | |
| Contact Person | Work # of Contact Person | |
| Home # of Contact Person | Phone of Organization/Group/Individual | |
| Address of Organization/Group/Individual | | |
| Specific purpose of use (check one) Birthdays Party Reunion Company/Church Picnic other _____ | | |
| Additional Information | | |

| Picnic Shelter Fee (circle choice) | | |
|--|-----------------|---------------------|
| | <u>Resident</u> | <u>Non-Resident</u> |
| Municipal & All-Star | | |
| Up to 2 hours | \$15 | \$30 |
| Up to 4 hours | \$25 | \$50 |
| 4 hours or more | \$75 | \$125 |
| Community Park | | |
| Up to 2 hours | \$20 | \$40 |
| Up to 4 hours | \$30 | \$60 |
| 4 hours or more | \$100 | \$150 |

Planning to Grill? (check one) **Yes** **No**

- Grills are available for use at Community Park and All-Star Park. User is responsible for charcoal.
- Pig Cookers and gas grills are permitted at Municipal Park. Charcoal grills are not permitted.
- Alcoholic beverages are not permitted at Clayton Parks & Recreation facilities.
- User is responsible for cleaning the requested area and/or facility after use. Abusive use of the facility will result in revoking user's further privileges and user will be responsible for 100% of any damages to the property.
- To report conflicts, call 553-1550 between 8:00am and 5:00pm, Monday through Friday, or 911 after hours and ask for officer assistance.
- Shelter fees are non-refundable. Rental can be rescheduled upon availability.

I have read the above rules and understand that my organization or myself will be held responsible for any damages to the above stated Clayton Park & Recreation facility.

_____ Signature of applicant

_____ Date

_____ Parks & Recreation Representative

_____ Date

OFFICE USE ONLY

CASH _____ CHECK _____ CHECK # _____ RECEIVED BY _____ DATE RECEIVED _____