Town of Wingate

Park Use Rental Application

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Reserve Date: _____ / _____ / _____   From: _____ am / pm   To: _____ am / pm **(4 hour increments)**

Activity that will take place: _____

Area(s) to be reserved:	Fees:	
	Deposit: (per area)	*50.00*
_____	Picnic Shelter:	50.00
_____ _____	Field:	50.00
Multi Baseball		
_____	Bathroom Deposit:	

*** <u>Restroom key must be returned the next business day or bathroom deposit will be forfeited</u> ***

I hereby certify that the above information is, to the best of my knowledge, true and correct. I understand that incorrect or missing information may cause a delay in the issuance of a park use permit, a denial of a park use permit, or the revocation of a park use permit that has been issued as a result of the information included in this application. I further agree to provide the Town with any additional information that may be required to show compliance with the Parks and Recreation Ordinance. I further warrant and understand that any damage, vandalism, or littering that occurs during, or as a result of, my use of the park will cause me to forfeit my deposit. I will also be responsible for all costs that are a result of any damage, vandalism, or littering that results during or as a result of, my use of the park that are above the amount of the deposit.

Signature: _____   Date: _____

OFFICE USE ONLY Date Application Received: ____ / ____ / ____   Received by: _____

Deposit(s) Paid:	$ _____
Fee(s) Paid:	$ _____
Total Paid:	$ _____

Deposit and rental fees will be refunded minus $25 if rental is cancelled at least 3 business days before reservation. ==**Deposit will be refunded by mail within <u>14</u> business days, if facilities require no cleanup or repair.**==

==**PLEASE KEEP THIS COPY AS PROOF OF YOUR PARK USE AUTHORIZATION!**==