

CITY OF CHELAN PARKS & RECREATION DEPARTMENT  
PO BOX 1669, CHELAN, WA 98816  
RESERVATION FORM



**"The Green at Chelan Putting Course"**

Name of Organization: \_\_\_\_\_ Phone # \_\_\_\_\_

Nature of Activity: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Hours of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

All reservations must be paid at the time of request and will be charged a \$5 non-refundable processing fee.  
A reservation is not confirmed until deposit has been received.

**Cancellations:** Require 7 days advance notice with a \$20 cancellation fee

**PARKING per occupied space is \$5.00 per day  
Or  
\$2.00 for 2 hours  
NO Alcoholic beverages  
NO DOGS – Memorial Weekend through Labor Day Weekend**

**AGREEMENT:** The group or individual sponsoring the event and using the facility and or awning hereby agrees to hold the City of Chelan and its officers, agents, servants and employees and the Chelan Park Board harmless from any and all claims for damages of any nature or kind, including all costs and legal expenses that may result from or by reason of any act or omission on the part of said group, individual, or its agents while on Park Department property, or that may result from or be claimed by reason of, the operations of said group or individual. The group or individual as the case may be, agrees to fully reimburse the City of Chelan for any damages arising from the use of said facility and or awning, plus costs and/or attorney fees, if any incurred in collection of same.

It is your responsibility to inform all members of your group of the Park Rules and Regulations. Failure to abide by Park Rules and Regulations could result in immediate loss of privileges or forfeiture of privileges for future use.

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

<b>FOR OFFICE USE ONLY</b>			
Reservation Deposit Fee: \$ _____	Park Board Approval Needed [ ] Approved Yes [ ] No [ ]		
Total Paid: \$ _____	Date: _____		
Method of payment:	Credit Card [ ]	Cash [ ]	Check [ ]
Staff Signature: _____	Date: _____		