

**CHELAN PARKS & RECREATION DEPARTMENT
PO BOX 1669, CHELAN, WA 98816**

**PICNIC SHELTER RESERVATION FORM
DON MORSE MEMORIAL PARK**

SHELTER #5 Location (Along fence below the RV Park) []

SHELTER #3 Location (Closest to basketball courts) []

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.
Picnic shelter reservations will be on a first paid, first reserved basis. A reservation is not confirmed until deposit has been received.

Cancellations: All Day Reservation requires 21 days advance notice with a \$20 cancellation fee
½ Day Reservation requires 10 days advance notice with a \$10 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: _____

FOR OFFICE USE ONLY

Reservation Fee: \$ _____	Park Board Approval Needed [] Approved Yes [] No []
Total Paid \$ _____	Date: _____
Method of payment: Credit Card [] Cash [] Check [] Reference # _____	
Staff Signature: _____	Date: _____