

Sherman Parks and Recreation Facility/Equipment Usage Agreement

Applicant's Last Name		Applicant's First Name	Applicant's First Name	
Mailing Address		City	Zip	
Phone	Altenate Phone	E-M	1ail Address	
Facilily Usage				
Park		Area		
Usage Date		Usage Time	Usage Time	
Purpose of Usage		Expected Number of G	uests	
 Users may provide their own grills; ho No alcohol beverages are allowed on The user is responsible for the condu The user is not allowed to charge any No vending or concessions are allowed Clean up the area after use. Approval of use of picnic area does n All equipment pre-arranged for use sh 	ct of their parties and their safety. fee for the use of the facility under any condition ed without approval of the Parks and Recreation ot constitute exclusive use of the area or equipm nall be replaced to its original location and the de and Rec Department Facility requires the comple	not to cause fire damage to trees, grass unless approved by the Parks and Rec Department representative. ent. posit refunded.	, or shrubs. Advisory Board.	
Equipment Usage				
Rental Date		Return Date		
Equipment Rented				
Pricing Guidelines All equipment has a \$25 deposit due a The rental cost for equipment is \$10 ar	t the time of the reservation. The deposit will be ind is due at the time of pick up.	eturned upon return of equipment in app	propriate condition.	
Participants holding this agreement shall in agree to be responsible for the cleanliness	no way abuse this privilege. Abuse shall be just of the facility.	cause for dismissal from the facility or re	efusal for future use. Participants also	
an individual's or organization's use of the fa	ave and hold the City of Sherman harmless from acility; whether such act giving rise to such claim ns arising out of an individual's or organizations	is by omission or commission. In the ev	vent the City of Sherman is judged	
• •	s a right to change time and/or date as it is deem As a representative of the applicant, the under ity as stated in the City Ordinances.		•	
Signature		Date		

Approved			Date	
Office	□ Check #	\$25 returned check fee	Date	
Use Only	Cash	□ Credit/Debit Card	Receipt Number	

Mail to P.O. Box 1106, Sherman, TX 75091 or visit us at 1002 N. Music St.