

Town of Fredonia

25 N Main St. * PO Box 217 Fredonia AZ 86022 Fax: 928-643-7627 * Office 928-643-7241 Email: <u>fredonia@fredonia.net</u>

FACILITY RESERVATION REQUEST

Name of Applicant: Mailing Address:		Phone:
		Day:
Physical Address:		Night:
City:	State:	Zip:
Date(s) Requested:	Time	e(s) Requested:
Facility Requested:		
□ Pool	☐ Rodeo Grou	unds 🗆 Little League Field
☐ Fire Dept Meeting Rm	☐ Basketball C	Court
☐ Softball Field	☐ Cabana at P	Park
Senior Center	□ Other	
Will Entertainment/Participa	ation fee(s) be charge	ed? \square Yes No
Event description:		
Estimated number of attend	lees <u>:</u>	
Concessions? ☐ Yes ☐	J No	
Who will administer?		
Deposit date:	Deposit amo	ount <u>:</u> How paid:
use of the various facilities. Town of Fredonia from any a or related to any loss, damag while on the said premis	, apparatus and equipm and all liability, claims, o ge or injury, including d ses or in using or engag redonia in supervising,	the premises of Town of Fredonia Parks, and to make ment which constitute the park premises, I release demands, actions and claims for relief arising out of death, to persons or property that may be sustained ging in activities at the park, whether caused by designing, monitoring, maintaining the park, or the or otherwise.
Applicant Signature		 Date