

Pioneer Park Log Church Reservation Form

(Maximum Occupancy 49)

Date Requested:	Day of Week:	No. of People:
Day Use ____ Night Use ____ Full Day Use ____	Description of Event:	
Hours: Start _____ End _____	<i>Staff will be onsite for Check In and Check Out</i>	
I have reviewed the Procedures and Rules for Use of the Log Church at Pioneer Park.	Initialed By:	Date:
Name of Person Making Request:	Over 21 Years of Age? Y__ N__	
Address:	Phone Number:	
Organization (if applicable)		

Type of Use	Hours	Fee
Day Use	9:00am – 3:00pm	\$100
Night Use	4:00pm – 9:00pm	\$100
Full Day Use	9:00am – 9:00pm	\$200
Damage Deposit (required for each rental)		\$150
Additional Hours (may be available for decorating if prearranged)		\$25 per hour

I have received a copy of the Ferndale Heritage Society's Procedures and Rules for Use of the Log Church at Pioneer Park and do hereby promise to obey all said rules and regulations. I agree to indemnify, release and hold harmless The Ferndale Heritage Society, the City of Ferndale, all of its officers, property, which result from, arise out of or are in any way, directly or indirectly, connected with the use of this building or park facilities, or that may be the result of or related in any way to any negligence or other acts or omissions of the Ferndale Heritage Society, the City of Ferndale, its officers, agents and employees. I am agreeing to these terms on behalf of, and they are binding on myself, my family and my heirs, beneficiaries, personal representatives and estate.

The undersigned agrees to be on the Log Cabin Church at Pioneer Park premises during the entire sponsored event and agrees to be personally responsible for any damages to the premises that are not covered by the damage deposit.

Signature of Applicant: _____ Today's Date: _____

Mail application to: Ferndale Heritage Society, P.O. Box 3127, Ferndale, WA 98248
 Questions? Call Heritage Society/Pioneer Park at (360) 384-6461

For Office Use Only				
Rental Fee Paid:	Yes No	Amount: \$	Check No.:	Receipt No.:
Damage Deposit Paid:	Yes No	Amount: \$ 100	Check No.:	Receipt No.:
Less Than Three Weeks Notice? How Paid? Cash Money Order Bank Check			No.:	
			Police Notified? Date:	
After Rental Check Conducted Date:		Time:	By Whom:	
Left in What Condition: Satisfactory Unsatisfactory				
Comments:				
Date Deposit Ret'd:	Within 5 business days? Y N		F.H.S. Check No.	Amount: \$