## Pioneer Park Log Church Reservation Form

		(Maximum Occ	upancy 4	19)				
Date Req	juested:	Day of Week:	`			No. of People:		
Descripti	on of Event:	·						
Hours: S	tart End		Staff will	be onsite for Cl	heck In d	and Check Out		
	viewed the Procedures and R	Rules for Use of	Initialed By: Date:					
	Church at Pioneer Park.  Person Making Request:				0	er 21 Years Y N		
Name of	reison making Request.					Age?		
Address:				Ph	one Number:			
Organiza	tion (if applicable)							
	Type of Use	Type of Use Hours		Fe	Fee			
	Day Use	9:00am – 3:0	00pm	\$200				
	Facility must be cl	leaned and vacate	d by agre	ed upon ending	time			
	Damage Deposit (required	for each rental)	\$15		50			
	Additional Hours (may be a prearranged)	ting if	\$25 pe					
at Pioneer and hold he result fron park facili omissions I am agree benefician The under sponsored	eived a copy of the Ferndale Park and do hereby promise narmless The Ferndale Herita n, arise out of or are in any w ties, or that may be the resul- of the Ferndale Heritage Soc eing to these terms on behalf ies, personal representatives resigned agrees to be on the Lo event and agrees to be perso y the damage deposit.	to obey all said rage Society, the Coay, directly or independent of or related in a ciety, the City of of, and they are band estate.	ules and r ity of Fern directly, c ny way to Ferndale, inding on at Pioneer	regulations. I ag ndale, all of its of onnected with the of any negligence its officers, agent myself, my fand r Park premises	gree to in officers, he use of e or other onts and onily and	ndemnify, release , property, which of this building or er acts or employees. I my heirs,		
Signature	of Applicant:		Today's Date:					
	Mail application to: Fernda Questions? Call I					98248		

For Office Use Only											
Rental Fee Paid:	Yes No	Yes No Amount: \$		Check No.		.:	Receipt No.:				
Damage Deposit Paid:	Yes No	Amount:	\$ 150	Che	Check No.:		Receipt No.:				
Less Than Three Weeks Notice? How Paid? Cash Money Order Bank Check No.:											
						Police No	tified? Date:				
After Rental Check Conducted Date:					Time:		By Whom:				
Left in What Condition: Satisfactory Unsatisfactory											
Comments:											
Date Deposit Ret'd:	Wit	hin 5 busines	ss days? Y	N	F.H.S.	Check No.	Amount: \$				