## **Tillicum House Community Center Reservation Form**

(Maximum Occupancy 60)

(Maximum Occupancy 00)									
Requested date for event:		Day of Week:			No. of People:				
Description of Event:									
Hours: Start End		(6pm at the latest)		Staff will be onsite for Check in and Check out					
Alcohol Served? Yes No If yes, a banquet permit must be obtained. Permit Number									
I have reviewed the Procedures and Rules for use of the Tillicum House at Pioneer Park.  Initialed By:  Date:									
Name of Person Responsible for	Over 21 Years Y N Of Age?								
Address:					Phone Number:				
Organization (if applicable)									

Type of Use	Hours	Fee					
Day Use	8:00am – 6:00pm	\$200					
Facility must be cleaned and vacated by agreed upon ending time							
Damage Deposit for non al	\$100 separate check						
Events serving alcohol dep	\$200 separate check						

I have received a copy of the Ferndale Heritage Society's Procedures and Rules for use of the Tillicum House 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 me, my family and my heirs, beneficiaries, personal representatives and estate. The undersigned agrees to be on the Tillicum House 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. Failure to follow rules and cleaning requirements may result in forfeiture of partial or complete damage deposit (this includes remaining on the premises after check-out time).

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

Email:park@ferndaleheritagesociety.com

For Office Use Only										
Rental Fee Paid:	Yes No	Amount: \$	Che	ck No	.:	Receipt No.:				
Damage Deposit Paid:	Yes No	Amount: \$	Che	ck No	.:	Receipt No.:				
Less Than Three Weeks Notice? Cash Money Order Check No.:										
					Police No	tified? Date:				
After Inspection Conducted Date:			Time: By Whor		By Whon	1:				
Condition: Satisfa	ctory	Unsatisfactory								
Comments:										
Date Deposit Returned:	(within 5 b	us. days?) Y	N	F.H.S.	Check No.	Amount: \$				

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