



COMBS PARK RESERVATION

APPLICANT NAME _____

EMAIL ADDRESS _____

ADDRESS _____

PHONE NUMBER _____

DATE OF RESERVATION _____

HOURS DESIRED _____

ANTICIPATED ATTENDANCE _____

PERSON, ASSOCIATION, OR CORPORATION SPONSORING THE ACTIVITY _____

I understand that anyone wanting to bring in ponies, a moonwalk, or other amusement devices into the park MUST provide a copy of their insurance covering "special events" releasing the Town of Shalimar from any liability (as voted by the Town Commission 10 November 1999).

I also agree that part or all of my damage deposit may be held by the town. This money is to go towards cleanup and/or maintenance of the park and facilities.

SIGNATURE OF APPLICANT

DATE

TOWN ADMINISTRATOR

DATE