



City of PINEVILLE

Home of the Chained Rock

www.thecityofpineville.com

P.O.Box 688 • 300 Virginia Avenue
Pineville, KY 40977
606-337-2958

Scott Madon, Mayor
Samantha Ellen Bishop, City Clerk • Treasurer



CITY FACILITIES RESERVATION APPLICATION

Today's Date: _____ Date(s) Requested: _____ Times: From _____ to _____

PARK FACILITY REQUESTED (Check all that apply):

Walnut Street Mini Park: _____ Newtown Park & Walking Trail: _____ Bell Theater: _____

Main Street Mini Park: _____ Wallsend Mini Park: _____

RENTER INFORMATION

Name of Individual or Organization: _____

Adult Contact in Charge During Event: _____

Mailing Address: _____

Telephone: (Day) _____ (Night) _____

INFORMATION ABOUT YOUR INTENDED USE OF OUR PARK FACILITIES

Purpose of Use: _____

Total Participants Expected (estimates): _____ Adults: _____ Children: _____

Facility Rental Fee: (if applicable- **to be paid in full at time of reservation**) \$ _____

AGREEMENT

The undersigned is over 18 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the City of Pineville for the use and care of the facilities. The undersigned does hereby further covenant and agree to defend, indemnify and hold harmless the City of Pineville, its' elected officials, officers, and employees from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the City of Pinevilles' property, facilities and/or services.

Please read the rules and regulations for the park facility you plan to reserve carefully.

Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Authorized City Representative Signature: _____ Date: _____