

RIDGETOP PARKS LEASE AND RESERVATION AGREEMENT

Date: _____

Name of group or individual: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Alt. Phone: _____

Park Requested (Name of Park and specific area within that Park):

Function: _____ # Attending: _____

Date(s): _____ Time: _____

Fee: _____ Deposit: _____ Due: _____

I HAVE READ AND UNDERSTAND THE FACILITY RESERVATION AGREEMENT.
I AGREE TO ABIDE BY ALL RULES AND FEES LISTED IN THIS AGREEMENT.

Name of person responsible: _____
(Please Print Name)

Sign: _____ Date: _____

Deposit received: _____ Returned: _____

By signing this agreement you indicate that you understand and will abide by the rules.
Failure to do so will result in the denial in any future attempts to reserve facilities from the
Ridgetop Parks Department.