



## Rental Application for Department Facilities

Name of Facility: \_\_\_\_\_ Rental Fee: \_\_\_\_\_  
 Form Due Back: \_\_\_\_\_ Rental Date: \_\_\_\_\_ Time \_\_\_\_\_ am/pm until \_\_\_\_\_ am/pm  
 Number attending: \_\_\_\_\_ Type of Activity: \_\_\_\_\_  
 Name of Individual Responsible: \_\_\_\_\_ Social Security#: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name of Organization: \_\_\_\_\_  
 Is this a fundraiser? ( ) YES ( ) NO: If so, this form is due in our office 30 days prior to the event or function. Raising funds on City property is against city policies without prior approval from the Mayor and/or Board of Aldermen.  
 If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 In order for the Department to hold your reservation, payment and this form must be received in our office within ten (10) working days of scheduled date. Failure to do so could result in loss of reservation.

### FEES

### CHECK USAGE

- |                                      |   |       |
|--------------------------------------|---|-------|
| a. Pavilion Rental:                  | \$50.00 per two hour increment  | _____ |
| b. Administrative Office Conference: | \$200.00 for all day usage, \$100.00 for ½ day usage, \$45.00 an hour | _____ |
| c. Brighton Park Conference Room:    | \$200.00 for all day usage, \$100.00 for ½ day usage, \$45.00 an hour | _____ |
| d. Brighton Park Programming Room:   | \$250.00 for all day usage, \$125.00 for ½ day usage, \$60.00 an hour | _____ |
| e. Brighton Park Concession Stand:   | \$100.00 for all day usage, \$50.00 for ½ day usage.                  | _____ |
| f. Softball Fields:                  | \$250.00 per day per field _____ (#of fields) _____ (#of days)        |       |
| g. Baseball Fields:                  | \$250.00 per day per field _____ (#of fields) _____ (#of days)        |       |
| h. Soccer Fields:                    | \$250.00 per day per field _____ (#of fields) _____ (#of days)        |       |

◆ All Room Rentals require a **\$350.00 Cash Damage Deposit** per room rented, including kitchen and/or concession stands. Ball fields require a **\$250.00 Cash Damage Deposit** per field rented. Cash damage deposit will be refunded on the next business day provided property is left in order.

◆ **Cash will not be mailed.**

- **CANCELLATIONS MUST BE MADE 10 DAYS PRIOR TO RENTAL DATE TO RECEIVE A REFUND.**
- **Must be 21 years or older to rent any Parks and Recreation facility.**
- **NO ALCOHOLIC BEVERAGES ALLOWED ON OR AROUND ANY PARKS FACILITIES.**
- **NO TOBACCO PRODUCTS IN PARK FACILITIES OR ON AND AROUND PLAYING AREAS.**
- **NO FOOD OR DRINKS WILL BE ALLOWED ON CARPETED AREAS.**
- **Rental Fee must accompany application separately. Damage deposit is due the day before rental.**
- **The Director of Clinton Parks and Recreation or his designated representatives reserves any and all rights to attend any event or function and make any decisions concerning, policies, procedures, liability, or safety without the consultation of responsible person/ organization/ company of the event or function. Loss of park privileges and suspension of all department and non department programs, events and special functions may result if any violations occur.**
- **All information on this application must be correctly filled out. Incomplete information will result in immediate cancellation.**
- **Rentals are only allowed between the hours of 8:00 a.m. – 6:00 p.m.**
- **ALL FACILITIES MUST BE SECURED AND VACANT BY 10:00 P.M. ON THE DAY OF.**

**RENTER IS RESPONSIBLE FOR OWN SET UP AND BREAK DOWN. A \$75.00 FEE WILL BE DEDUCTED IF GARBAGE AND/OR LITTER IS NOT PICKED UP. FULL DEPOSIT WILL BE KEPT FOR DESTROYED PROPERTY SUCH AS; FIELDS, DUGOUTS, PRESSBOX, BLEACHERS, BENCHES, BATTING CAGES, TABLES, CHAIRS, CARPET STAINS OR ANY CITY USED PROPERTY. PLEASE SEE RENTAL POLICY FOR ADDITIONAL INFORMATION.**

I agree to abide by the policies and rules of the City of Clinton. I understand that I am responsible for any damages to City property that may occur during my usage. I understand I should report any problems to Clinton Parks and Recreation Department.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Payment \$ \_\_\_\_\_ Payment Method \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_  
 Deposit Amount \_\_\_\_\_ Deliver Date \_\_\_\_\_ Returned Date \_\_\_\_\_ Reason for No Return \_\_\_\_\_

P.O. Box 156 • Clinton, MS 39060 • 200 Soccer Row • Clinton, MS 39056  
 Phone (601)924-6082 • Fax (601)925-6101

January 20, 2004  
 Revised: January 3, 2007  
 December 12, 2008  
 January 15, 2010