

**County of Hawkins
Parks and Recreation Department
PARK RESERVATION REQUEST FORM**

Name/Organization _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Shelter # _____ Date Requested _____

Circle One in Each Line Below:

Facility Requested: Laurel Run Park St Clair Park

Time Requested: 8:00am to 1:00pm 1:30pm to Close Full Day (8:00am-Close)

Day Requested: Saturday Sunday Monday Tuesday Wednesday Thursday Friday

Approximate # of People Attending: Under 10 10-30 30-60 60-100 100-200 200-300 Over 300

Type of Event: Picnic Office Picnic Church Group Reunion Special Event Wedding Other

Fees are due and payable ASAP in order to hold your reservation.

Rates are subject to change without notice.

Check or Money Order made payable to "County of Hawkins, TN" ONLY. (NO CASH ACCEPTED)

Waiver of Liability

I hereby affirm that I have read, understand, and will enforce the rules pertaining to the use of the requested facility. I will not hold the County of Hawkins or its employees liable in any way. I accept responsibility for the fees, for any damages that may occur during reservation, and for any violation of the regulations stated on this application. I understand that any violation of these rules could mean revocation of privilege to use the facilities.

Applicant's Name _____ Date _____

(Signature or responsible party.)

FOR OFFICE USE ONLY

Date Fee Paid _____

Amount _____

Check/Money Order # _____

Receipt # _____

Reservation approved by _____

Fee received by _____