

Park Shelter Reservation Request 625 N. 5th Street, Spearfish, SD 57783 Email: rentals@cityofspearfish.com Phone: (605) 642-1333

Today's Date:	Contact Name:
Phone Number:	Organization:
Email:	Date of Birth
Residential Address (City, State, Zip):	
Date of Event:	Description of Event:
Estimated Number of Attendees:	
Alcohol is not permitted without a Brown Bag Perm Will alcohol be present? (Example: BYOB or coolers continuous)	it. This \$40 Permit can be added to your shelter permit.
Park Shelter Requested (check one)	Regular Shelter Fees Center Shelter Fee
☐ City Park Center ☐ Sandstone ☐ Salem	Time Requested Resident/Non-Res. Resident/Non-Res.
	☐ 6 am to 3 pm \$20/\$30 \$35/\$50 ☐ 3 pm to 10 pm \$20/\$30 \$35/\$50
☐ City Park North ☐ Jorgensen ☐ Lions	6 am to 10 pm \$35/\$50 \$50/\$75
☐ City Park South ☐ Heritage ☐ Evans ☐ Mtn. Shadows ☐ Spartan	* Shelter fees must be received in order to confirm reservations. * Refunds require cancellations to be made 30 + prior to reservation date. * Spearfish <u>City limits</u> residents are eligible for discounted rates. (above)
RELEASE AND WAIVER OF LIABILITY, ASSUMP AGREEMENT AND CONSENT TO MEDICAL TRI	
	t, assigns, personal representatives, and agents, I hereby waive the City of Spearfish, its officers, employees, and agents for alting from this rental of City property.
I HAVE READ THIS RELEASE AND WAIVER OF LIAUNDERSTAND ITS TERMS, UNDERSTAND THAT ITS SIGNING IT, AND HAVE SIGNED IT FREELY AND ASSURANCE, OR GUARANTEE BEING MADE TO ME COMPLETE AND UNCONDITIONAL RELEASE OF ALLOWED BY LAW.	HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY WITHOUT ANY INDUCEMENT, E AND INTEND MY SIGNATURE TO BE A
Print Name:	
Signature:	Date



AUTHORIZATION FOR PAYMENT Debit/Credit/ACH)

Here's How Payments Work: Your signature authorizes the charges to your debit/credit card or ACH (checking/savings). You will be charged the amount(s) indicated below. You agree no prior notification will be provided unless the date or amount(s) change, in which case you will receive notice from us prior to the payment being collected. All information will remain confidential and will be destroyed immediately after use. The payment information provided will also act as a security deposit. Additional charges may apply for cleaning/damages.

Billing Address:	
_ Payment Method: Visa □	MasterCard ☐ Discover ☐ ACH ☐
Complete the above information	n and also Section 1 OR 2 below. This form MUST BE SIGNED.
Expiration:	Card Identification #: (3 digits on the back of
Account Type: Checking	Savings
Name on Account	Bank Name
Training only toodante	
Account #Bank City/State/Zip	Bank Routing #
Account # Bank City/State/Zip I authorize the City of Spearf	Bank Routing #Bank Routing #sh to charge the above to the PAYMENT METHOD provided here
Account # Bank City/State/Zip I authorize the City of Spearf	Bank Routing #
Bank City/State/Zip	Bank Routing #sh to charge the above to the PAYMENT METHOD provided here AND \$on/by Rental Balance and \$40 brown bag fee,