



CITY OF APPLE VALLEY

Parks & Recreation Department

952/953-2300

Mailing address: 7100 - 147th Street West, Apple Valley, MN 55124

Office location address: 14603 Hayes Road, Apple Valley, MN 55124

GROUP/ORGANIZATION _____ CONTACT PERSON _____

ADDRESS _____ CITY _____ ZIP _____

Email _____ PHONE (home) _____ (alternate) _____

2016 rates

PARK SHELTER BUILDINGS

- A.V. East @ \$60/day + deposit
- Delaney @ \$60/day + deposit
- Galaxie @ \$60/day + deposit
- Hagemeister @ \$60/day + deposit
- Huntington @ \$60/day + deposit

PICNIC SHELTERS

- Farquar Hilltop @ \$60/day
- Farquar East @ \$40/day
- Farquar West (Pilot Knob) @ \$40/day
- Redwood by ball field @ \$40/day
- Redwood by parking lot @ \$60/day
- Alimagnet @ \$60/day
- Lac Lavon @ \$60/day

OTHER

- Chuckwagon Cooker @ \$30/day + \$25 deposit
- Picnic Equipment @ \$25 deposit
- Restroom Key @ \$25 deposit
(available before Memorial Day
and after Labor Day)

RESERVATION DATE DESIRED _____ TIME OPEN _____ TIME CLOSE _____

PURPOSE _____ APPROX. NUMBER OF PEOPLE _____

As lawful consideration for being permitted to use the park shelter/building, belonging to the City of Apple Valley, I on behalf of myself, and/or the _____ corporation - organization - association, agree that the City of Apple Valley shall be held harmless and will not be liable for any injury or disability which I or any member, employee or participant of the said corporation - organization - association incur as the result of use of said facility due to the passive or active negligence of the city, its agents or employees. This release of liability of the City of Apple Valley does not include any injuries that I or any member, employee or participant of the said corporation - organization - association incur as the result of willful, wanton or intentional misconduct by the City of Apple Valley, its agents or employees. This agreement is specifically binding on my spouse, heirs and assigns, and the spouses, heirs and assigns of any member, employee or participant of the said corporation -organization - association.

I warrant that I am authorized to enter into this Agreement on behalf of said corporation -organization - association.

TODAY 'S DATE _____ SIGNATURE _____

***** lower portion information for staff use *****

Staff approval _____ Date _____ DATE PAID _____

_____ Rental Unit(s) x \$ _____ = \$ _____ CASH/CREDIT CARD _____

Damage Deposit \$ _____ Total Amount Due \$ _____ RECEIPT NUMBER _____

\$25.00 damage deposit for picnic equipment is due when you pick up the equipment at the Apple Valley Community Center.