



Cass County Parks and Recreation Group Use Reservation Agreement

Park _____ Shelter Number _____ Date of Use _____

Name on Reservation Sign _____

Group Address _____ Group Phone Number _____

Name of Person Reserving Area _____ Phone Number _____

Address _____

Number in Group _____ Reservation Time _____ to _____ (Done by 8:00 p.m.) Deposit required over 100 people

Alcohol to be consumed? Yes _____ No _____ Comments: _____

Shelter Rental Fees:

Fees

Total

Dr. T.K. Lawless Park

Schug Pavilion Shelter #1 (small kitchen)	\$75.00	_____
Shelter #2	\$65.00	_____
Prepaid Entrance Fee for Group (100 people or less)	\$50.00	_____
Prepaid Entrance Fee for Group (101 – 200 people)	\$100.00	_____
Volleyball Time: _____ to _____ (3 hour increments)	\$15.00	_____
Softball Time: _____ to _____ (3 hour increments)	\$15.00	_____
Private Parties		
Winter Tubing (6:00 p.m. – 8:00 p.m., Shelter #1, 30 tubes - Any night except Saturday Winter Nights)	\$100.00	_____
Community Room Time: _____ to _____ (three hour increments)	\$75.00	_____
Weekday (Monday-Friday) shelter fee ½ price of regular fee		
Hayride (per 25-minute trip) (wagon hold approx.. 25 people)	\$50.00	_____

Fred Russ Forest

West Side Shelter #1 (playground area)	\$60.00	_____
East Side Shelter #2 (paved parking)	\$60.00	_____
Weekday (Monday-Friday) shelter fee ½ price of regular fee		

Arthur Dodd

Shelter #1	\$60.00	_____
Shelter #2 - no electric	\$60.00	_____
Shelter #3 – no electric	\$60.00	_____
Weekday (Monday-Friday) shelter fee ½ price of regular fee		
Prepaid Entrance Fee for Group (100 people or less)	\$50.00	_____
Prepaid Entrance Fee for Group (101 – 200 people)	\$100.00	_____

Security Deposit (required for over 100 people) \$100.00 _____

Total Fees _____



NOTES:

1. Cancellation fee of \$25.00 not less than 10 working days deducted from refund.
2. Carnival type mechanical devices require approval with a \$100 deposit and proof of insurance.
3. Dr. T.K. Lawless and Dodd group reservations do not include \$2.00 in-county or \$3.00 out-of-county parking fee.
4. Weekday rental of all shelters **except** Schug Pavilion is \$30.00. Weekday rental of Schug Pavilion is \$40.00.

Applicant's Signature _____ Date: _____

Entrance Fee Option for Reserved Shelters

Purpose: To offer reservation applicants at Dr. T.K. Lawless Park and Dodd Park, the option to prepay the entrance fee for vehicles entering the park to attend their function.

Conditions: The conditions that need to exist for this policy to be applicable are:

1. A reservation is paid for at Dr. T.K. Lawless Park or Dodd Park.
2. The person or group desires to pay the entrance fee for all vehicles attending the reservation.
3. The Parks Department expects to have a park attendant on duty during all or part of the reservation.
4. **Reservation applicants must be honest and reasonable accurate on expected visitors.**

Standards:

1. At the time of the reservation application, the applicant will be informed of the entrance fee for the parks and that the reservation fee **DOES NOT** include/replace the entrance fee charged to all vehicles that enter the park. This information will be offered through written information or verbally or both.
2. The applicant will be offered and or given a copy of this policy with their paid reservation.
3. For reservations of **100 people or less** the reservation applicant has the option of prepaying for all vehicles associated with the reservation in the amount of **\$50.00**. For reservations of **more than 100 people** the pre-paid amount shall be **\$100.00**.
4. All prepayments must be by cash or check and paid for at the same time as the reservation.
5. If prepayment is made, the park attendant will make a reasonable effort to identify and allow all vehicles associated with the reservation to pass without paying the entrance fee.
6. All prepaid amounts are NON-REFUNDABLE unless reservation cancellation procedures are followed by applicant.

NOTE: For this policy to be beneficial for all parties involved, the reservation applicant must be honest and reasonably accurate on expected visitation. Failure to do so could lead to the cancellation of this policy, and/or future restrictions for the reservation applicant.

I am the applicant of the _____ reservation and accept the conditions and standards of this policy.

Signature: _____ Date: _____

Original – Scott
Copy – File
Copy – Applicant