



BLAINE PARK AND RECREATION DEPARTMENT
 10801 Town Square Drive, Blaine, MN 55449
 Phone: 763-785-6164 or Fax: 763-785-6191 www.blaineparks.com



FACILITY USE APPLICATION FORM

Applicant/Contact Name: _____

Address: _____ City: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____ Email _____

Organization Name (if applicable): _____ Profit ___ Non-Profit ___

Organization Address: _____ City: _____ Zip: _____

Type of Use (i.e. picnic/reunion/game/tourn) _____

Date(s) ___/___/___ to ___/___/___ Start Time _____ a.m./p.m. End Time _____ a.m./p.m.

Est. Attendance _____ Group Size Category: 1-99__ 100-200__ See facility rental fee for group size on back.

Check facility(s) to be reserved/rented:

PICNIC SHELTERS:

___ Aquatore Park West

___ Aquatore Park East

___ Town Square Park

___ Lakeside Commons Park

___ Other _____

PARK BUILDINGS:

___ Blaine Baseball Complex

___ Happy Acres Park

___ Sunnyside Park

___ Victory Links Clubhouse

___ Other _____

ATHLETIC FACILITIES:

___ Blaine Soccer Complex Field(s) _____

___ Blaine Baseball Complex Field(s) 1 2 3 4 5

___ Airport Park Softball Field(s) 1 2 3 4

___ Aquatore Park Softball Field(s) 1 2 3

___ Other _____

Payment Information: Cash ___ Check# _____ Credit Card: VISA ___ MC ___ Discover ___

Credit Card Number: _____ Exp. Date: _____ Signature: _____

APPLICANT'S RESPONSIBILITY

I have reviewed the rules, regulations and ordinances governing the use of this application and facilities. I understand these items, including cancellation procedures, liabilities and responsibilities assumed by me. I understand I am assuming full responsibility for the park facility I am requesting, even if I represent an organization. I understand this is only an application for use providing me with no assumed or implied rights for use until written approval is received.

Specifically and without limiting the generality of the foregoing, the undersigned hereby agrees to save, defend and hold harmless the City for any damages to City personnel, facilities, equipment of other City property, or to the property and/or person or any third party, resulting from the use herein applied for. The undersigned understands the City will not be liable for damage to property of any person participating in activities applied for herein, nor shall it be liable for death or injury of any such person occurring in result from use of the facilities as applied for herein.

In accordance with the Minnesota Government Data Practices Act, the City of Blaine hereby informs you that some or all information you are asked to provide is classified as private. Private data is available to you and to the City staff who require it in the performance of their duties, but not to the public. The remainder of the information, including telephone numbers, is classified as public, and is available to the public. This information will be used to process your application request or permit. You may choose to withhold this information, however if you do, the City of Blaine may not be able to process your application request or permit.

Signature of Applicant/Contact Person: _____ Date: _____

OFFICE USE ONLY

Date: _____ Received By: _____ Total Hours/Days _____ X Rental Rate \$ _____ = Amount Due \$ _____

Proof of Liability Insurance: Y N Deposit Amount (if required) \$ _____ Permit Issued Y N

Card/Key #/Letter: _____ Date Card/Key Issued: _____ Date Card/Key Returned: _____ Card/Key Deposit \$ _____