

Mail Completed Form To:

City of Bishop
Attn/ Parks
P.O. Box 1236
Bishop, CA 93515



Call Parks & Recreation to
reserve facilities and ensure
your dates are available.
(760) 873-5863

**CITY OF BISHOP
PARK FACILITIES
APPLICATION AND AGREEMENT**

Request is hereby made for use of park facilities on

_____ from _____ am/pm to _____ am/pm
(date) (time) (time)

Check the following area(s) to be used:

Bandstand Front of Park Middle Rear Pavilion
Lake Gazebo Talmage Park City Hall Grounds area _____

Pool use: (describe) _____

Tennis Courts: #1 #2 #3 #4

Ball Fields: #1 #2 #3 #4 #5

Other equipment needs/requests? _____

Purpose of use: _____

Open to Public: Yes No Expected attendance: _____ Will admission be charged: Yes No

If yes, what will the proceeds be used for: _____

APPLICANT/HOLD HARMLESS AGREEMENT

I (We) have reviewed the policy for use of the City of Bishop Public Areas, the rules and regulations applicable thereto, the special conditions (if any), and agree to comply with the same. I (We) further agree to hold the City of Bishop, its agents, officers, and employees harmless from any and all liability from any claims resulting from the rental or use of City of Bishop Public Spaces and will indemnify the City in case of any claims resulting from our operations or occurring during our occupation of the premises.

I (We) agree that, during the use of the City of Bishop Public Areas facilities, I (We) will not exclude anyone from participation in, deny anyone the benefits of, or otherwise subject anyone to discrimination because of the person's race, color, national origin, or handicap.

Applicant (Print)

Date

Applicant's Signature & Title

Home Phone

Name of Organization/Company

Work Phone

Mailing Address

Cell Phone

Reservation Costs : **Wedding** (ground prep) \$100 plus a refundable cleaning deposit of \$50 Date paid _____
Other grounds facilities including Covered Pavilion \$25 Date paid _____

**** All costs will be effective as of January 1, 2011. Reservations need to be made at least one week in advance. Payment must be received at the time of reservation to secure date and time. All bounced checks are subject to a \$25 fee.**

*****YOUR RESERVATION IS SUBJECT TO CANCELLATION DUE TO ANY EMERGENCY DECLARED BY THE CITY OF BISHOP OR THE COMMUNITY SERVICES DIRECTOR.**

FACILITIES APPROVED SUBJECT TO CONDITIONS LISTED BELOW:

- 1. Own set up/own clean up
- 2. No Alcoholic Beverages
- 3. No Bounce Houses
- 4. No Water Balloons
- 5. No Amplified Music
- 6. _____
- 7. _____

Approved by: _____
Keith Caldwell Date
Community Services Director