

ST. CLAIR TOWNSHIP PARK
1539 S. Bartlett Rd. St. Clair, Mi 48079
Phone (810)329-9042 Fax (810)329-1198
www.stclairtpw.org

Pavilion Reservation Policy
(Including usage of Pavilion Awnings)

1. Reservations available only to Township Residents.
2. No Alcoholic beverages allowed.
3. **Must remove all trash generated by your use. _____ Initial**
4. Resident is responsible for any damages to Park grounds, pavilion and awnings.
5. No tape on awnings.
6. A \$50.00 deposit for reserving the pavilion is required and will be refunded if no damages to the premises. A check will be issued to the person signing this agreement.
7. Park is to be left in the same condition as prior to your event. If found in unstatifactory condition, the user has the option to return and clean up or forfeit the \$50.00 deposit.
8. A \$50.00 deposit is required if the resident wishes to use the awnings on the pavilion. Awning poles must be returned within 3 days of usage. Resident is responsible for all costs related to awning damage incurred while in their use. If no damages, the \$50.00 deposit will be refunded.
9. St. Clair Township has the right to deny future use of the Park by the Resident if he/she does not comply with stated policy.
10. Any additional equipment brought to the park is at your own risk.

RESERVATION REQUEST FOR DATE _____

Name: _____

Address: _____

Phone # _____

Awning poles may be picked up 2 days in advance but no later than 4:00 pm Friday.

I agree to abide by all policies by the Township Board. Park User will indemnify the Township and save it harmless from and against any and all claims, actions, damages, liability and expense in connection will loss of life, personal injury and/or damage to property arising from or out of the occupancy or use by the Township Resident of the reserved premises or any part of Township property, occasional wholly or in part by any act or omission of Park user, its agents, contractors, customers or guest.

Signed _____

Date _____

*****Office Use Only:

Amount Paid \$ _____ Date _____ Cash _____ Check # _____

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