



# TWIN FALLS PARKS AND RECREATION

136 Maxwell Ave. • PO Box 1907 • Twin Falls, ID 83303 • Phone: 208-736-2265 • Fax: 208-736-1548

## City Park Facility Use Application (Downtown Park Only)

|                      |   |  |
|----------------------|---|--|
| Date of Event        | _____   | Sun__ Mon__ Tue__ Wed__ Thu__ Fri__ Sat__ (check all that apply) |
| Time of Event        | _____   |  |
| Event Set Up Date    | _____   | Sun__ Mon__ Tue__ Wed__ Thu__ Fri__ Sat__ (check all that apply) |
| Time of Set Up       | _____   |  |
| Event Description    | _____   |  |
| Estimated Attendance | <input type="checkbox"/> 0-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151-200 <input type="checkbox"/> 201-250 <input type="checkbox"/> 251-500** <input type="checkbox"/> 501 and over** |  |

Applicant/Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Reservation Specifications (Please check all that apply)

|  |  |                  |
|--|--|------------------|
| <input type="checkbox"/> Band Shell Use  | # of Days _____  | Fee amount _____ |
| (\$50 for 1st day and \$15 each additional day)  |  |                  |
| <input type="checkbox"/> Microphone for PA System  |  | Fee amount _____ |
| (\$15 a day) # of Days _____   |  |                  |
| <input type="checkbox"/> Band Shell Keys Needed  | <input type="checkbox"/> Band Shell Electricity needed |                  |
| <input type="checkbox"/> Electricity in the Park   | <input type="checkbox"/> Number of outlets needed      | Fee amount _____ |
| (\$50 a day for all outlets or \$5 for each individual outlet)   |  |                  |
| (Family picnics, company picnics, reunions, etc. are exempt from this charge)                          |  |                  |
| <input type="checkbox"/> \$500 refundable damage fee (required for non-local organization)             |  |                  |
| <input type="checkbox"/> 1 City Staff for cleaning for event with over 500 people (\$15 per hour)      |  | Fee amount _____ |
| <input type="checkbox"/> 2 City Staff for cleaning for event with over 750 people (\$15 each per hour) |  | Fee Amount _____ |
| <input type="checkbox"/> North Side of Park  | <input type="checkbox"/> South Side of Park            |                  |

### Tables (\$10 per group of tables, per time block)

|   |                                  |                                   |                        |
|---|----------------------------------|-----------------------------------|------------------------|
| <input type="checkbox"/> 6th Ave tables     | <input type="checkbox"/> 8am—3pm | <input type="checkbox"/> 4pm-11pm | Fee amount _____       |
| <input type="checkbox"/> Shoshone St tables | <input type="checkbox"/> 8am—3pm | <input type="checkbox"/> 4pm-11pm | Fee amount _____       |
| <input type="checkbox"/> Hansen St tables   | <input type="checkbox"/> 8am—3pm | <input type="checkbox"/> 4pm-11pm | Fee amount _____       |
|   |                                  |                                   | <b>Total Fee</b> _____ |

### Other Specifics: (items you will be required to provide for large events)

|   |  |
|---|--|
| <input type="checkbox"/> Porta Potties (for groups over 250)                    | <input type="checkbox"/> Additional trash cans (for groups over 250**) |
| <input type="checkbox"/> Cleaning of restrooms                                  | <input type="checkbox"/> Water Access (must supply your own hose)      |
| <input type="checkbox"/> Certificate of Liability (\$500,000 Commercial policy) | <input type="checkbox"/> Liquor Liability Certificate (\$500,000)      |
| <input type="checkbox"/> Map/layout of event                                    | <input type="checkbox"/> Special events application                    |
| (for groups over 500, serving alcohol or amplified music)                       |  |

**Event Details (Please check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Food Concessions/Vendors               | <input type="checkbox"/> Merchandise Vendors | <input type="checkbox"/> Broadcast Music/sound** |
| <input type="checkbox"/> Live Band(s)                           | <input type="checkbox"/> Canopies/Tents      | <input type="checkbox"/> Catered Food            |
| <input type="checkbox"/> Alcohol **                             | <input type="checkbox"/> Inflatable Toys     | <input type="checkbox"/> Open to Public          |
| <input type="checkbox"/> Vehicles on Lawn (permission required) |  |  |
| <input type="checkbox"/> Other (Please list) _____              |  |  |

\*\* Kegs or Party Balls require a Permit (\$50.00 refundable deposit) from the Parks and Recreation office. No glass containers are allowed in any park. ***Selling of alcohol must be approved through City Council.***\*\*

\*\*Hours for amplified music are Mon—Fri 11am-9pm, Sat 8am-9:30pm, Sunday 12:15pm-8pm.\*\*

\*\* Car shows will need to have drip pans under all vehicles\*\*

\*\* Events over 500 people, serving alcohol, having amplified or unusual music or blocks a City street requires a special event application through the police department.

**PLEASE READ THE FOLLOWING, SIGN AND DATE**

1. The above named Applicant/Organization, in consideration of its use of Twin Falls Park and Recreation facilities, agrees to release, indemnify and defend the City of Twin Falls, and its agents, employees and representative, from any and all claims, demands or lawsuits arising out of the Applicant's/Organization's use of said facilities.
2. Groups, individuals and applicants further agree that they have received the City's policies, rules and regulations governing use of said facility and agree to be bound by the same.

\_\_\_\_\_

Authorized Applicant's Signature

\_\_\_\_\_

Date

**Method of Payment (payable to City of Twin Falls)**

|                     |                 |           |                       |
|---------------------|-----------------|-----------|-----------------------|
| Check # _____       | Amount \$ _____ | Cash      | \$ _____              |
| Credit Card # _____ |                 | Exp. Date | _____ Amount \$ _____ |
| Name on Card _____  |                 | Signature | _____                 |
| (if faxing)         |                 |           |                       |