



Resident Fee = \$0.00/Non-Resident Fee = \$25.00

Application/Permit for Day Use Reservation of City Public Parks

City of White Cloud, Michigan 231-689-1194

Full name(s) and address of person(s) responsible for reservation:

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City Resident: Yes \_\_\_\_\_ No \_\_\_\_\_ Fee: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Driver License /State Id #: \_\_\_\_\_

Name of Park you are requesting: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Hours: \_\_\_\_\_

Describe event and activities planned:

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Approximate number of people expected to attend: \_\_\_\_\_

The parties named above and their guest must abide by all posted rules set forth for the City of White Cloud public parks. These rules include those listed at each park as well as those listed in the City ordinances. The rules include but are not limited to:

- \*No defacing or destruction of park structures or natural resources.
- \*No alcohol, no foul language, no verbal or physical fighting.
- \*No vehicles in restricted areas.
- \*All debris shall be cleaned up and removed from the Park.

*Violation of any of City Park rules can result in extraction from the Park and/or legal action from the White Cloud Police Department.*

*I have read the above rules for the City Park and agree to the terms.*

\_\_\_\_\_  
Signature of Person Responsible for Reservation

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of City Staff approving Reservation

Date: \_\_\_\_\_

Added to Calendar: \_\_\_\_\_