WHITE CLOUD A TRAIL FOR EVERY SEASON 4/0H164

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:			
<u> </u>		TOPKIN THE O	
City Resident:	Yes	No	Fee:
Phone number:			
E-mail address:			
Driver License /State	e ld #:		
Name of Park you ar	e requesting:		
Date of Event:	Hours:		
Describe event and	activities planned:		
1200-			
Approximate numbe	r of people expected	d to attend:	
the City of White Clas well as those lis *No defa *No alco *No vehi	oud public parks. ted in the City ordi cing or destructior hol, no foul langua cles in restricted a	These rules include inances. The rules in of park structures age, no verbal or phy	
Violation of any of action from the Wh	•		from the Park and/or legal
I have read	l the above rules fo	or the City Park and	agree to the terms.
		Di	ate:
Signature of Person Responsible	for Reservation		
		D	ate:
Signature of City Staff approving			
****COPY TO Applic		to Calendar: nent & File****	