



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: _____

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: _____

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

***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: ****COPY TO Applicant, Police Department & File****