



PARK FACILITY RESERVATION APPLICATION

City of Florence Public Services Department
8100 Ewing Boulevard
Florence, KY 41042
859-647-5416 (Phone) 859-647-5438 (Fax)

Today's Date: _____ Date(s) Requested: _____

Time of Rental: From _____ am / pm to _____ am / pm

PARK FACILITY REQUESTED (Check all that apply):

Florence Nature Park Kalb Gathering House: Florence Nature Park Gazebo:
Stringtown Park Shelter: South Fork Park Shelter: Orleans Park Shelter:

RENTER INFORMATION

(Please Print) Name of Individual or Organization: _____

Adult Contact in Charge During Event: _____

Address/City/Zip _____

E-Mail: _____

Telephone: (Day) _____ (Night) _____ Cell phone: _____

Purpose of Use: _____ Participants Expected: Adults: _____ Children: _____

Florence Park Facility Kalb Gathering House Facility Deposit (if applicable): \$ _____ Rental Fee: (if applicable) \$ _____

AGREEMENT

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the City of Florence for the use and care of the facilities. The undersigned does hereby further covenant and agree to defend, indemnify and hold harmless the City of Florence, its' elected officials, officers, and employees from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the City of Florence's property, facilities and/or services. I have read and understand the rules and regulations provided for the park facility reserved and agree to abide by them.

Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Authorized City Representative Signature: _____ Date: _____

Payment: Amt. _____ Cash or Check# _____ Money Order # _____

Credit Card: MC _____ VISA _____ AE _____ DISC _____ Card # _____

Expiration Date _____ CVV Code _____ Card Signature _____