



**CITY OF HAYDEN
RECREATION & COMMUNITY EVENTS DEPARTMENT
PARK FACILITY RESERVATION**



**Please complete this form and return (with payment) to:
8930 N. Government Way, Hayden, ID 83835
Phone: (208) 209-1080 Fax: (208) 772-6522**

**24-HOUR BUSINESS DAY ADVANCE NOTICE IS REQUIRED TO RESERVE A SHELTER OR GAZEBO.
NO ALCOHOLIC BEVERAGES, GLASS CONTAINERS OR ANIMALS ALLOWED IN ANY CITY PARK OR FIELD. PLEASE LEAVE THE AREA IN THE SAME
CONDITION AS WHEN YOU ARRIVED. THANK YOU.**

Company/Group Name: _____ Contact Person: _____

Date(s): _____ Phone: _____ Email: _____

Mailing Address: _____ City _____ State: _____ Zip _____

RESERVATION INFORMATION

Facility Requested: _____

Time period for use _____ to _____ (Facilities available from 6:00 a.m. to 10:00 p.m.)

No. of people expected? _____ Electricity Needed? **Yes No** (Please circle)

Will any type of amplification or speaker system be used? Yes (please complete loud speaker use request form) No

Type of Event (Please circle):

- ◆ Picnic ◆ Wedding ◆ Family Reunion ◆ Class Reunion ◆ Birthday Party

◆ Other (Please explain): _____

FACILITY FEES

Name of Facility <i>(Please check all facilities being requested)</i>	Amount
<input type="checkbox"/> Broadmoore Park Shelter	\$55.00
<input type="checkbox"/> Finucane Park Gazebo	\$55.00
<input type="checkbox"/> McIntire Family Park Band Shell	\$55.00
<input type="checkbox"/> McIntire Family Park Gazebo	\$55.00
<input type="checkbox"/> Stoddard Park Shelter	\$55.00
<input type="checkbox"/> The Pasture @ Stoddard (after 1:30 pm)*	\$55.00
<input type="checkbox"/> Silo Stage @ Stoddard- in addition to The Pasture (after 1:30 pm)*	\$55.00

* For weddings or events utilizing The Pasture and/or Silo Stage @ Stoddard a Public Assembly/Event Permit application will need to be completed and approved by Hayden City Council.

Applicant's Signature _____ Date _____

(By signing this permit, groups, individuals, and applicants agree that they have reviewed the policies, rules and regulations governing the use of said facility and agree to be bound by the same. Reference City Ordinance 7-5-3 through 7-7-5-9)

FEE & SERVICE CALCULATION (office use only)

Facility Fee: \$55.00 x No. of Times Used _____ = **TOTAL AMOUNT DUE \$** _____

Approved by: _____ Date: _____ Receipt #: _____

Special Notes: _____