

City of Breezy Point
Reservation Request
8319 County Road 11, Breezy Point MN 56472
Phone (218) 562-4441
www.cityofbreezypointmn.us

Name _____ Phone _____ Alt Phone _____

Address _____ City _____ State _____ Zip _____

Organization/Company _____ Phone _____

Address _____ City _____ State _____ Zip _____

Date of Event _____ (Specify Length of Time) From _____ To _____

Estimated Attendance _____ Description of Event _____

Reserve Meeting Room Reserve Large Park Pavilion Reserve Small Park Pavilion Reserve Ballfield
 (Kitchen Use is included with Meeting Room Reservation)

Alcohol is prohibited on public property including the City Hall building, parks and parking lots per City Code §110.032.

Reservation/Cancellation Policy: Reservation requests should be submitted at least 3 days prior to event date with deposit payable within 72 hours of making reservations. To receive a full refund of deposit and/or user fees (if paid), cancellation notice must be received no later than 72 hours prior to 12:01 a.m. on the day of your reserved event. If proper cancellation notification is not received deposit and/or user fees will be forfeited.

Deposit Policy: Deposits are payable within 72 hours of making reservations. Meeting Room reservations require a \$100.00 deposit. If reserving both the Meeting Room and Park Pavilion, only one (1) \$ 100.00 deposit is required. Park Pavilion Only reservations require a \$25.00 deposit. Deposits will be returned if cancellation notice is received in accordance with the Cancellation Policy above. If facility is returned to original state prior to your reserved use with no damage or other cause to retain, deposit will be returned within 72 hours after event.

Hold Harmless Agreement: I understand that the use of the City of Breezy Point Community Center and/or Park Pavilion is voluntary and that it is being used for my benefit only. I agree that my use of the facility is undertaken at my own risk and that the City will not be liable for any claims, injuries, and damages of any nature incurred by me or members of my organization or party due to the negligence of members of my organization or party or the negligence of third parties. On behalf of myself and the organization or party that I represent, I expressly forever release and discharge the City, its' agents or employees, from any such claims, injuries or damages of any nature arising out of or in connection with my use of the facilities for which I am reserving. I also agree to reimburse the City for any damages, breakage, maintenance or theft of equipment or property if so warranted. **By signing this agreement, I acknowledge my understanding of the Hold Harmless Agreement, Fee Schedule, Deposit Policy, Indemnification and Usage Policies.**

 Signature of Applicant/Organization Representative

 Date

 City Staff Signature

 Date

*OFFICE USE ONLY
 Reservation Request Received: _____ Separate Deposit Check Received: # _____ Amount: \$ _____

Meeting Room
 # of hours _____ @ \$ _____ per hour = \$ _____

Park Pavilion (\$25.00 large/ \$10.00 small) \$ _____
Ball Field (\$10.00 flat rate) \$ _____
 TOTAL \$ _____

Returned Deposit On: _____ Via: _____

Paid On: _____ Receipt # _____
 Forfeit Reason: _____