

CITY OF GREENSBURG RECREATION DEPARTMENT
FUNDRAISER EVENT APPLICATION
724-834-4880

APPLICANT INFORMATION

Applicant Name (must be 18 years of age or older):

Driver's License No:

State:

Address:

City:

State:

ZIP Code:

Email:

Home Phone:

Cell Phone:

EVENT CONTACT INFORMATION

Organization:

Non-Profit _____
For-Profit _____

Event Contact Name:

Address:

City:

State:

ZIP Code:

Email:

Home Phone:

Cell Phone:

Type of Event:

DUE TO COVID-19 THERE MAY BE RESTRICTIONS ON ATTENDANCE NUMBERS

Event Date(s):
(1st choice)

Event Date(s):
(2nd choice)

Anticipated
attendance:

Event Time(s): (including setup/cleanup time) from: ____:____am ____pm to: ____:____am ____pm

PARK CLOSSES AT DUSK

VENDOR INFORMATION

Are you utilizing a vendor (i.e., caterer, bounce house, DJ, band, etc.) : ☐ yes ☐ no

(A Certificate of Insurance May be Required by Vendor Also)

Name of vendor(s):

Service provided by vendor(s):

Use/Event	Fees
Fundraiser Event Runs/5K	FUNDRAISER EVENT FEE FOR RUNS/5K AT LYNCH FIELD AND OR 5 STAR TRAIL:
<i>Certificate of Insurance Required</i>	\$150 PER EVENT FOR KAUFMAN PAVILION ACCESS, TRASH CANS, AND TRASH CLEAN UP

PAYMENT INFORMATION

All fees shall be paid in full upon reservation by cash, credit or check made payable to "City of Greensburg" in accordance with the Fee's above. Reservations shall be accepted on a first-come/first-serve basis. (does not apply to Golf Outings)

Payment Received: ☐ Credit Card ☐ Cash or ☐ Check No. _____ Amount: \$ _____ Date: _____

FACILITY USERS AGREEMENT

I, the undersigned agree to indemnify, defend and hold the City of Greensburg and its officers, employees and agents harmless and free from any liability of any nature, including, but not limited to, liability for damage or injury to any persons or property, costs and attorney's fees, arising out of or in connection with the use of City recreational facilities regardless of whether the City was actively or passively negligent, either solely or contributory in connection with such liability.

I certify that we have received and read the rules and regulations in the Public Reservation Policy and Fee Schedule for the use of this facility. I, the undersigned, do hereby agree that we will abide by the policies governing the use of this facility and will be responsible for any damages to the facility, furniture, or equipment caused by our occupancy of the premises.

SIGNATURE(S)

FOR OFFICE USE ONLY:
Recreation Staff

☐ Certificate of Insurance:

Date:

Applicant Signature:

Date: