## CITY OF REDLANDS – FACILITIES & COMMUNITY SERVICES DEPARTMENT FORMAL PARK RESERVATION REQUEST

35 Cajon Street, Suite 222, P.O. Box 3005, Redlands, CA 92373 (909) 798-7655
Reservations taken year-round. No reservations made without fees/deposit paid and completion of form.

Date/Time of Activity			Date/Time of Set-up		Estimated Attendance	
Requested Park:	Brookside	Community	Crafton	Ed Hales	Ford	
Jennie Davis	Prospect	Smiley	Sylvan	Texonia	Other	
Name of Organizati	on/Individual					
Address			City		State Zip	
Phone (W/H)		(C)		_(Email)		
Nature of activity (d	escribe in detail):	- <u>-</u>				
City Departmen	_	ands Resident		nds Resident		
Type of Equipment Tables Chairs Ez Other	Z Ups Decorations		<b>(S)</b> dStereoPorta	PottyTemporary	Trash BinsElectricity	
Type of Vendor/Service						
JumperCaterer_	ClownFace pa	interPolice_	FireOther_			
Per Municipal Code 12.4 Per Municipal Code 12.4 Per Municipal Code 5.04	4.190 No person shall	I cook or prepare or	n areas except for those	specifically designate	d.	
Sylvan Park Picnic	Areas					
<b>Section "A"</b> (s 1 2 3 4 5 10 11 12 13 14 19 20 21 22 23			Gazebo Times:	am/pm	to am/pm Total Hours	
<b>Section "C"</b> (s	elect tables desired) 6 7		Covered Picnic A	. <b>rea</b> Times: an	n/pm to am/pm Total Hours _	
Application for An	nplified Sound/O	ther Equipmen	nt			
Type of amplification/oth	• •					
Nature of Use				Time of day to be	used am/pm to Chapter 12, Redlands Municipal Coc	
officials, officers and empersons or property arisi wrongful acts or omission NOTE: This permit is s	ployees from and agai ing from or associated ns in conducting applic ubject to immediate	nst any and all clair with applicant's and cant's activity allowe	ms, lawsuits, damages, d applicant's officers', e ed by the approved rese	losses, injuries, costs mployees', agents' and ervation request (Perm	d hold harmless the City and its respectand liabilities for injury (including death d invitees', negligent or intentionally it).  Applicant Initial termines that any provision(s) of the	
damages on account of boinsureds, the City of Redla (\$1,000,000) per occurren	I to provide the City, for odily injury and property ands and its respective one and Two Million Doller with such other additi	damage arising from elected officials, offici ars (\$2,000,000) in the onal coverage as the	n applicant's activity. Suc ers, employees and ager he aggregate of compreh e City's Risk Manager ma	h insurance shall name its. Such insurance shal ensive general liability i y determine to be prude	nnce to protect against loss from liability fon the policy or endorsement, as addition include not less than One Million Dollar nsurance, including bodily injury and propent. Insurance coverage shall be maintain ny	
Signature of Applicant					Pate	
OFFICE USE ONLY						
Approved		ed Authorize	ed Signature		Date	
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Requirements: \_