

**STOOKEY TOWNSHIP PARK USE APPLICATION**

Please complete the following form and return it to the Township Office. It is recommended that requested dates be cleared with the Township prior to completing the form in order to expedite processing.

Representative responsible for facility use:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Texts OK? Yes No

Does the representative live in Stookey Township: Yes No

Purpose of Use:

\_\_\_\_\_

Is this event open to the public? Yes No

Will alcohol be consumed at this event? Yes No

Will food trucks be present at this event? Yes No

Does the food truck(s) need access to electricity or water \_\_\_\_\_

Event location: \_\_\_ Stookey Park \_\_\_ Stookey Athletic Park (for field rental see additional form)

Event date: \_\_\_\_\_

Event time – Start: \_\_\_\_\_ End: – \_\_\_\_\_

\_\_\_ Pavilion 1 (small) \_\_\_ Pavilion 2 (large)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Pavilion rental is a non-refundable fee of \$25 per 4 hours for residents and \$50 per 4 hours for non-residents.

\*Any organizations shall submit a certificate of insurance of \$1,000,000 with Stookey Township listed as additionally insured. Inflatables must be provided by a licensed business and have an additional fee of \$100.

For rental of additional areas of the park, please contact the Township Supervisor.

**Facility Use Agreement**

I hereby agree that I will be responsible and pay for any damages occurring to the property or its contents as a result of the use of the property.

I understand that I am responsible for ensuring that the property is returned to its original condition of cleanliness, all furniture and equipment is returned to its original location, lights are turned off and ashes are extinguished. I understand that a fee may be assessed if this is not followed.

I have read the **General Use Ordinance** for use of Stookey Township property and agree that all individuals will abide by its terms and conditions.

If required, I will provide Stookey Township with a Certificate of Insurance certifying that there is proper insurance coverage for this event and that Stookey Township is listed as additionally insured.

I understand that Township sponsored activities take priority and that this request is subject to cancellation at the sole discretion of the Township Supervisor.

\_\_\_\_\_  
Signature of Responsible person

\_\_\_\_\_  
Date

**Completed by Stookey Township**

This request was approved by the Supervisor \_\_\_\_\_

This request was denied by the Supervisor: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

A fee waiver was approved by the Supervisor: \_\_\_\_\_

A Certificate of Insurance was received: \_\_\_\_\_

Fee amount collected: \_\_\_\_\_

Building key was given to: \_\_\_\_\_  
Name Date

Building key was returned: \_\_\_\_\_  
Name Date

Cleaning fee assessed: \_\_\_\_\_