

PICNIC SHELTER RESERVATION FORM

320 Third Street NW • Faribault, MN 55021 (507) 332-6105 • Fax (507) 333-3838 www.co.rice.mn.us

This reservation gives you priority for the use of the shelter space only. It does not guarantee the cleanliness of the shelter, as it is a public space. We strongly suggest checking the condition of the shelter the day of your reservation.

PARK SHELTER RENTED: (please select one)							
	o A	IcCullough lbers aron	o Hi	ills Creek irdler .ng Mill	0	Shager Cannon Wilderness	
DATE O	F RENTAL:						
Rental F	ee \$50- (N	o Charge for No	n-Profit Organ	ıization)			
Name o	f Group or	Individual (plea	se print clearly	y):			
Address	:						
Phone: ((w)		(h)			_ (C)	
<u>Importa</u>	nt Rules to	Know:					
3. 4. 5. 6. 7. 8. 9.	Your reservation checks pay Bring the p All parks cl Glass conta Consumpti metal or al Event orga provided b Rice Count If you need scheduled	has been proces able to: Rice Cou processed form wi ose at 10:00 p.m. ainers are not per on of beer is allo uminum cans. nizers are respon y the event orgar y personnel will in I to cancel your re date in order to re	red until the res sed, you will red inty th you to the sh mitted in Count wed. Consumpt sible for cleanin nizer. nspect the area eservation, you reference a full reference	servation form and ceive a duplicate the depth of the day ty Parks, i.e. dring tion of all other and disposing after the group must contact Rigurd.	nd payment e copy of the y of your ren aking glasse alcoholic be g of garbage has used the ce County a	t has been received and produce form as confirmation of your near as proof that you have rest, jars and bottles. Everages are not allowed. Be at the event's conclusion. One shelter. It least two weeks (14 business)	our reservation. Please make rented the shelter. Beer must be brought in Garbage bags must be ess days) prior to your
claims, d	lemands, ac Rice County	tions, judgments	and executions.	. This release in	cludes all cl	es, officers, employees, volur laims that I, or the group rer y arise out of the rental and	
	Signa	ture				Date	
	PARTMEN t: Cash or	T USE ONLY	Amount	t:	ACCOUN	NT # 01-523-523-0000-5	5810

Staff Initials Who Received Check: _____ Date: ____

Return a completed copy to the applicant once the form and payment have been processed.