



CITY OF SALUDA

NORTH CAROLINA

City Facility Reservation Form

4 Hour Reservation = \$25

4+ Hour Reservation = \$50

Date of Application _____

Date of Event _____ Start Time _____ Finish Time _____

Type of Event _____ Electricity Needed? ___Y___N

Location of Event (*circle one*) McCreery Park Pavilion McCreery Park Stage

Applicant Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Rules and Regulations

(please read and initial the following)

1. I understand that the park is reserved in 4 hour increments and I must use this 4 hour time span to set up and clean up. ____
2. I understand alcohol is prohibited. ____
3. I understand I will not receive a refund due to inclement weather conditions. ____
4. I understand that trash must be in plastic bags and disposed of in dumpster before leaving. ____
5. I understand that I should report any problems to the Police Department or City Hall. ____
6. I understand there is a 4 hour minimum in the amount of \$25.00. ____
7. I understand that there will be an additional \$25 charge after the first 4 hours. ____
8. I understand that an incomplete form can result in a denied request. ____
9. I understand that the park hours are from 6AM to 10PM. ____

Signature _____

Office Use Only	Date Received _____	Processed by _____
	Fee Amount _____	Payment Type _____