



City of Frankenmuth - Parks & Recreation

240 W. Genesee, Frankenmuth, MI 48734 989-652-3440

FACILITY USE APPLICATION

Today's Date _____ Applicant Name _____

Name of Group _____

Address _____ Phone (home) _____

City _____ State _____ Zip _____ Work/cell phone _____

Email address _____ Date of Birth _____

Type of event _____ Estimated attendance _____

Date(s) of proposed event _____

Set-up to begin _____ Event start time _____ Event end time _____ Clean-up to end _____

Facility(s) to be used: (please check all that apply)

Jaycee Pavilion

Nickless Pavilion

Satow Pavilion

Heritage Cove Pavilion

Lions Haus

Kern Community Pavilion

Schau Platz (Band Shell)

Rose Garden:

11am-3pm

4pm-8pm

Scout Building

Other Facility _____

This agreement is made between the undersigned party as Lessee, and the City of Frankenmuth as Lessor.

It is an additional consideration of the lease agreement between said parties that, in the rental of the park premises, the Lessee, on behalf of and for itself, its agents, employees and guests, agrees to assume all risk of loss, damage and/or injury by, from or through any means or hazard, whether to person or to property, that occurs or is alleged to occur on the premises. Lessee further agrees to release, indemnify and hold harmless the Lessor, their officers, agents, employees, and assignees from any and all claims, liabilities, damages, losses, suits, fines, penalties, demands and expenses, including costs of suit and attorney fees, which any of them may incur, be responsible for, or pay out as a result of bodily injury (including death) to any person or damage to any property or person, arising out of or in connection with this lease.

I have also received the facility rules and agree to abide by them.

Applicant Signature _____ Date _____

Payment Information- Total Fee _____

Cash _____ Credit Card # _____ Exp. Date _____/_____/_____

CVV Code _____ Type of Card (Master Card, VISA, etc) _____

Check # _____ Name on Card _____ Billing Zip Code _____

CITY USE ONLY

☐ Copy of Drivers License _____ Certificate of Insurance Required _____ Date _____

Approved _____