

**County of Hawkins
Parks and Recreation Department**

PARK RESERVATION REQUEST FORM

Name/Organization: _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Circle One in Each Line Below:

Date Requested: _____

Facility Requested: Laurel Run Park St. Clair Park

Shelter Requested: 1 2 3 4 5 6 7 8 9 10 11 Ballfield

Day Requested: Saturday Sunday Monday Tuesday Wednesday Thursday Friday

Time Requested: 8:00am – 1:00pm 1:30pm – Close Full Day (8:00am – Close)

Approximate # of People Attending: Under 10 10-30 30-60 60-100 100-200 200-300 Over 300

Type of Event: Picnic, Office Picnic, Church Group, Reunion, Special Event, Wedding, Other

All Hawkins County Residents are *Free* of charge. (Proof of Residency is required)

Fees are due and payable as soon as possible in order to hold your reservation

Rates are subject to change without notice

Check or Money Order made payable to "County of Hawkins, TN" ONLY

****NO CASH OR CREDIT/DEBIT CARDS ACCEPTED****

Waiver of Liability

I hereby affirm that I have read, understand and will enforce the rules pertaining to the use of the requested facility. I will not hold the County of Hawkins or its employees liable in any way. I accept responsibility for the fees, for any damages that may occur during reservation, and for any violation of the regulations stated on this application. I understand that any violation of these rules could mean revocation of privilege to use the facilities.

Applicant's name _____ Date _____

FOR OFFICE USE ONLY

Date Fee Paid _____

Amount _____

Check/Money Order # _____

Receipt # _____

Reservation Approved By _____

Fee Received By _____