

City of Macedonia Parks & Recreation Department

Facility, Field, & Area Use Application

All requests must be made with 2 or more weeks notice.



Macedonia Family Recreation Center
 1494 E. Aurora Rd.
 Macedonia, OH 44056
 PH: (330) 468-8370
 Fax: (330) 468-8377

Applicant Information:		
Name:	(Last)	(First) (Initial)
Organization:		
Address:	(Street)	(City, State) (Zip)
Phone 1:	Phone 2:	<input type="checkbox"/> Non Profit Org. <input type="checkbox"/> For Profit Org.
Email:		

Fees: Residents/Non Profit Org. - \$15 per Field/Area per 2 hrs.
Non-Residents/For Profit Org. - \$30 per Field/Area per 2 hrs.

Choice	Field/Area Requesting	Activity	Day of Week	Start Date	End Date	Start Time	End Time
1 st							
2 nd							
1 st							
2 nd							
1 st							
2 nd							

*Groups/Organizations are strongly encourage to indicate a 1st choice & 2nd choice when submitting an application.

Please describe the event: _____

Will you be charging admission: _____

Special field preparation or lines request (extra fees may be applied): _____

Release, Waiver, & Hold Harmless

In consideration of the City of Macedonia and the Macedonia Parks & Recreation Department renting facilities to: _____, (Enter name or organization name) the undersigned does hereby waive, release, save, and hold harmless, and indemnify the City of Macedonia, the Macedonia Parks & Recreation Department, their organizers, officers, employees, agents, and sponsors for any claims for damage for personal injury or loss of property which may be caused by any act or failure to act on the part of the City of Macedonia, the Macedonia Parks & Recreation Department, their organizers, officers, employees, agents, and sponsors. The undersigned further assumes the risk of all dangerous conditions in and about the City of Macedonia park property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any. I have read, understand, and agree to abide by the policies pertaining to rental of the above facilities.

Signature

Date

Office Use Only:	Coordinator: _____
Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Total: _____ (see invoice for details)
Approved with the following exceptions and notes: _____	

Authorized Signature: _____	Date: _____ Receipt # _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> MC / Visa / Authorization # _____ CVV2 _____ Exp. Date _____	