TOWNSHIP OF RAY

 County of Macomb

64255 Wolcott Road Ray Township, MI 48096 (586) 749-5171

 Fax (586) 749-6190 Website www.raytownship.org

 **2020 PAVILION RENTAL AGREEMENT**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALTERNATE PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME ON SIGN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **DATE** | **DAY** | **TIME** | **PAVILION** | **APP. # OF PEOPLE** |
|  |  |  | **1 2 3** |  |

**FEES: (Fees are charged per pavilion)**

 **PARK MAINTENANCE FEE**

**($50 RESIDENT, $100 NON-RESIDENT) \_\_\_\_\_\_\_\_\_\_**

 **REFUNDABLE DEPOSIT ($100) \_\_\_\_\_\_\_\_\_\_**

 **TOTAL \_\_\_\_\_\_\_\_\_\_**

*Please read the rules governing park usage and sign the acknowledgment on the next page of this document.*

* No cars or other motorized vehicles shall be permitted around the pavilions. Please use the park lane for parking which is located on the north side of the building.
* Full payment is due upon request of this permit.
* Permit holders are responsible for policing and cleaning the pavilion after use. Please put trash in receptacles. Any cleaning or maintenance required by the township will be deducted from your deposit.
* Applicant is responsible for any damages incurred by their group.
* Applicant must have permit in his possession on scheduled day of usage.
* Park is closed at dusk. Pavilion is available from 9AM until dusk.
* You may hang signs and decorations but no nails, staples or duct tape is permitted to be used. Please remove all tacks and tape or a $25 fee will be deducted from your deposit.
* Each pavilion has 3 picnic tables that accommodate approximately 30 persons. Bring additional tables and chairs if necessary.
* Permission must be obtained from the Township prior to assembly of tents, canopies and portable restrooms. Request must be made in a written format two weeks prior to the rental.
* Request for a reservation of pavilions can be made one year in advance for residents and begin March 1st for non-residents.
* Electricity in pavilion #2 is available upon request.
* No overnight camping is allowed.
* Refunds of deposits are issued in emergency situations only.
* Absolutely no alcoholic beverages or controlled substances are allowed in the park.

\*\*\*\*\*To report facilities problems; Please call the Township Office during regular business hours Monday- Thursday 8:30 a.m.-4:30 p.m. (586) 749-5171 ext. 204.

The holder of this permit shall indemnify, defend and hold harmless the Township, including Township officers, employees and agents, from and against all liabilities, losses, expenses, damages, fines, penalties, claims, suits and actions brought against the Township (including all related costs, actual and reasonable attorney fees and expenses) that result, directly or indirectly from the permit holder’s use of the premises specified in this permit.

Insurance – If required by the Township of Ray, the permit holder shall name the Township as an additional insured on any applicable Casualty or Liability Insurance.

I have read the above general rules governing the use of all Ray Township pavilions and agree to have my group abide by them.

Signature of Permit Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

For Office Use Only:

|  |  |  |  |
| --- | --- | --- | --- |
| **Rental Fee** | **Deposit** | **Total** | **Check # or Cash Received** |
|  |  |  |  |