

**CRAWFORDSVILLE PARKS AND RECREATION – CANINE PLAZA, PIKE PLACE,
AND DR. PHIL Q MICHAL TRAILHEAD RENTAL APPLICATION**

Personal Data

Applicant's Name(s): _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Contact Person (other than applicant): _____

Which park do you want to reserve?

Canine Plaza _____ **Dr. Phil Q. Michal Trailhead Park** _____ **Pike Place** _____

Organization (if applicable): _____

Non-Profit? _____ Yes _____ No If yes, a copy of your tax exempt certificate is required

If yes, is this a fundraiser? _____ Yes _____ No

Event Details

Type of Event: _____ Date: _____/_____/_____

Will a fee be charged for this event? _____ Yes _____ No If so, how much? _____

Total Number Participating: _____

Event start time: _____ **Event end time:** _____

Do you request use of electricity? _____ Yes _____ No Additional Fee may apply \$20.00 _____

Additional Equipment and Vendor Information

Does your event require an Amusement and & Entertainment Permit? If so, permit # _____

Not sure? Got to <http://www.in.gov/dhs/2795.htm>

Will you be using tents? _____ Yes _____ No

Large staked tents allowed only at Phil Michal Trailhead. Pop ups must have 25lb. anchor weights

If yes, how many: _____ Size of tent(s) you wish to use: _____

Will you be using any other equipment? _____ Yes _____ No

If yes, describe equipment and use: _____

Office Use Only

Canine Plaza \$100 _____ **Dr. Phil Q. Michal Park \$100** _____ **Pike Place \$200** _____

\$50 Guarantee Deposit: Date Pd _____ Cash _____ Check # _____ Credit Card _____

\$200 Damage Deposit: Date Pd _____ Cash _____ Check # _____ Credit Card _____

Total Amount Owed: _____ Due Date _____

Date pd: _____ Cash _____ Check # _____ Credit Card _____