

APPLICATION TO RESERVE KEMP OLSON MEMORIAL PARK KITCHEN AREA

Name: _____ Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

➤ **Date Requested:** _____ **Day:** _____

➤ **Approximate Time Needed: from:** _____ **to:** _____

➤ **Type of Activity:** Family Reunion Picnic Other: _____

➤ **Is this a CONFIRMED ANNUAL STANDING RESERVATION?** Yes No

➤ **AGREEMENT:** *The undersigned hereby makes application to the City of Toledo for the use of the Kemp Olson Memorial Park Kitchen Facilities and certifies the information given in this application is correct. The undersigned agrees to exercise the utmost care in the use of the City's premises and property and will hold and save harmless the City of Toledo from all loss, damage, liability, or expense (including expense of litigation), resulting from any actual or alleged injury to any person, or from an actual or alleged loss of or damage to any property or equipment, caused by or resulting from an act of omission of the undersigned using the said facilities, including it's officers, agents, employees, guests, invitees or visitors. The applicant further agrees to adhere to all rules, regulations, and policies of the Kemp Olson Memorial Park, City of Toledo.*

➤ **Payment of Fees:** *Rental fees are payable in advance by cash, check, or money order.
Make payable to: City of Toledo
PO Box 236
Toledo, WA 98591*

➤ **Cancellations:** *All cancellations, including confirmed standing reservations, must be made two (2) weeks prior to the date of reservation. NO REFUND WILL BE PERMITTED with less than two (2) weeks notice.*

➤ *Reservations are made on a first come first serve basis (except confirmed annual reservations) and both this application and the rental fee must be received before a reservation will be confirmed. For additional information please call: Toledo City Hall at (360) 864-4564 or cityoftoledo@toledotel.com*

Signature: _____ Date: _____

FOR OFFICAL USE ONLY

Amt. pd: \$ _____ Cash Check Money Order Receipt #: _____