



SYRACUSE CITY PARK RESERVATION FORM

Name: _____ Today's Date: _____

Group/Event Name: _____ Phone #: _____

Email: _____ Cell #: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Date of Reservation: _____ **Time:** _____ **to:** _____

Which Park/ Park Bowery would you like to reserve (circle one):

Bluff Ridge	Canterbury	Centennial	Equestrian	Founders
Fremont	Jensen (North)	Jensen (Middle)	Jensen (South)	
Legacy	Linda Vista	Rock Creek	Stoker	

Please indicate the TYPE of Activity (circle one):

Wedding/Reception Corporate Party Family Reunion/Party Other _____

How many people will be attending: _____

Do you plan on placing any structures on the grass, i.e. dunking machine, inflatable rides, equipment, etc. If yes, please list: _____

Any other requests, or anything you'd like us to know: _____

*****If you plan on placing any structures on the grass i.e. tables, chairs, equipment, etc., please provide a site map*****

If you qualify as a special event you will need to obtain a \$1,000,000-liability insurance and add Syracuse City as the additional insured.

A credit card must be kept on file (only Visa or Mastercard):

Name on Card: _____

Credit Card Number: _____ Expiration Date: _____ CCV# _____

*****A \$50.00 minimum fee will be charged to the credit card if rented facilities are not left in the condition in which they were found.**

***Glitter and Confetti are included in, not permitted items.**



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To cancel a reservation, a seven (7) working day advance notice is required to receive a full Refund minus a \$5.00 handling fee. If a cancellation is made with less than seven (7) working days, only 50% of the reservation fee will be refunded. If cancellation is made with less than three (3) working days, no refund will be given.

Waiver and Authorization: I hereby recognize and acknowledge that Syracuse City does not carry special health or accident insurance that would protect the participant in the event of accidental injury while participating in any program, facility, or park of Syracuse City. Any accident or injury shall be referred to my insurance carrier and I assume full responsibility for the same. I agree to personally assume all expenses associated with accidents or injury arising out of participating in activities offered by Syracuse City, and its parks. I hereby release and discharge Syracuse City, its governing officers, employees, staff or agents from all obligations, liabilities, claims, demands, costs and expenses, including attorney's fees, arising out of, or in connection with, any injury sustained by using the Syracuse City Parks/facilities.

I hereby have read the before statement along with the parks ordinance and agree to all terms and conditions, for the use of the Syracuse City Parks.

Signature: _____ Date: _____

Pavilion Rental	Residents	Non-Residents
Any park (not including Jensen Nature Park or Legacy park)	\$25.00 for the first four (4) hours, \$5.00 per each additional hour.	\$50.00 for the first four (4) hours, \$10.00 per each additional hour.
Any park (not including Jensen Nature Park or Legacy Park), party of 150 people or more	\$75.00 for the first four (4) hours, \$10.00 per each additional hour.	\$125 for the first four (4) hours, \$20.00 per each additional hour.
Jensen Nature Park (Bowery)	\$50.00 for the first (4) hours, \$10.00 per each additional hour. \$175.00 for an entire day	\$75.00 for the first four (4) hours, \$20.00 per each additional hour. \$225.00 for an entire day
Jensen Visitor Center	1/2 day Rental(4 hrs) \$125 Full Day Rental \$250	1/2 day rental (4hrs) \$175 Full Day \$350
Legacy Park	\$50.00 for the first (4) hours, \$10.00 per each additional hour. \$175.00 for an entire day	\$75.00 for the first four (4) hours, \$20.00 per each additional hour. \$225.00 for an entire day

Rental Fee Paid \$ _____ on date of _____ Cash ___ Credit _____ Employee Accepting Agreement _____
