

## Harrisburg Parks & Recreation Shelter Reservation Request

**Phone: 704-455-PARK (7275) Fax: 704-455-1416**

Name: \_\_\_\_\_  
 Company/Group: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Pharr Mill Shelter     Harrisburg Park Shelter     Stallings Road Shelter

**DATE OF EVENT:** \_\_\_\_\_ **EXPECTED ATTENDANCE:** \_\_\_\_\_

1/2 Day (9:00am-2:00pm)

1/2 Day (2:00pm-9:00pm)

Full Day (9:00am-9:00pm)

*Pharr Mill Hours: 8am-8pm/Nov-Feb:9am-5pm*

Note: A fee is charged for the use of the Shelter facilities. Fee must be paid at time of reservation to secure dates. In the event of cancellation, a 2 week (14 day) notice is required for a full refund. (Please see additional rules).

**TOTAL AMOUNT DUE:** \_\_\_\_\_

Describe Your Event: (example: Birthday Party, Family Reunion, etc...)

\_\_\_\_\_

\_\_\_\_\_

**The Shelters at Harrisburg & Stallings Park offer the following amenities:** 12 picnic tables; seating capacity of 72+; restrooms within walking distance; electricity; lighting at night; at least 2 grills on site. The Shelter at Pharr Mill road offers 6 picnic tables; seating cap. 50

<b>SHELTER FEES: RESIDENT (NON-PROFIT)</b>	<b>1/2 DAY \$40.00 / FULL DAY \$ 75.00</b>
<b>NON-RESIDENT (FOR-PROFIT)</b>	<b>1/2 DAY \$80.00 / FULL DAY \$150.00</b>

I/We understand that the user fees must be paid in full & returned with completed application before the requested date can be reserved.

*I hereby certify that I am the authorized and responsible representative of the petitioning group, that the above statements are true to the best of my knowledge, that I have read and understand the rules and regulations governing the use of the facilities (located on the back of this form); and that our group will comply with the regulations, policies and fee schedule governing the use of the facility. The undersigned applicant hereby agrees to indemnify and save harmless the Town of Harrisburg from and against any and all loss, cost, damages, expense and liability caused by any accident or other occurrence causing bodily injury or property damage or damage for libel or slander to any person or property arising from or out of the use or occupancy of the premises by the undersigned applicant, it's agents or invitees.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Department Use)

\_\_\_\_\_ City Resident    \_\_\_\_\_ Non-Resident    Amount Paid \$ \_\_\_\_\_     Cash  Check \_\_\_\_\_     Credit

Approved by: \_\_\_\_\_ Entered in Calendar: \_\_\_\_\_