

City of Ferris - Downtown Pavilion Reservation Permit

Today's Date _____ Reservation Date Requested: _____

Reservation Times: Start: _____ ☐ a.m. ☐ p.m. End: _____ ☐ a.m. ☐ p.m.

☐ Children's Party ☐ Party ☐ Company Picnic ☐ Meeting ☐ Reception ☐ Other

Total number of guests: _____

Will music be used? (Music systems must comply with the City's Noise Ordinances.)

Please describe: _____

Do you plan on using decorations? Please describe: _____

Request for accommodations that **require special approval** from the City (See rules and regulations):

☐ Portable restroom (Fee required) Approved by: _____
☐ Bounce House Approved by: _____
☐ Other: Explain _____ Approved by: _____

Facility Reserved by:

<input type="checkbox"/> Ferris Resident	<input type="checkbox"/> Ferris Business	<input type="checkbox"/> Non-Resident
Name _____	Email _____	
Address _____	Home/Work Phone # _____	
City _____	Fax # _____	

How to be reached the day of the event: _____

I have read the *Reservation of the City of Ferris Pavilion Rules and Regulations* and agree to abide by all of the conditions. I, the undersigned, will be held responsible for damages and adherence to regulations. I understand that the damage deposit must be included with this form in order to confirm the date and time desired.

Signature of Applicant Print name Date

The City of Ferris has received fees and deposits to reserve the above-mentioned space on the stated day and time.

Staff signature \$ _____ + \$ _____ + \$ _____ = \$ _____
 Deposit Reservation Restroom Total

Receipt Number _____ Date _____

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