



City of Quinter

Park Permit

Reservation Date: _____

Event Type/Description: _____

Start Time: _____ End Time: _____

Name of Lessor: _____

Address of Lessor: _____

Phone Number: _____ Email Address: _____

Alternative Contact Name & Number: _____

Facilities/Services Needed (please circle):

Shelter House | Restrooms | Trash Receptacles | Electricity | Barricades
Sand Volleyball Court | Horseshoe Pit | Basketball Court | Baseball Diamond

***NOTE: between October 1st and March 31st park restrooms are not available. You will be responsible for making those arrangements.**

PLEASE READ PRIOR TO SIGNING PARK PERMIT:

The holder of this permit has priority use of the above facilities on the day(s) and times reserved. It is understood that the user (lessor) agrees to be the responsible party if the park has not been maintained properly during usage and may be billed a clean up fee. The Quinter City Marshall or Gove County Sheriff's Department has the authority to ask any party to leave the park if complaints are made or conduct is inappropriate in the Quinter City Park.

Lessor Signature: _____ Date: _____

City Representative Signature: _____ Date: _____