



PARK RENTAL

Reservation Date: _____

Event Type/Description: _____

Start Time: _____ End Time: _____

Name of Renter: _____

Address of Renter: _____

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

Other: _____

***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 RENTAL:

The holder of this permit has priority use of the above facilities on the day(s) and times reserved. It is understood that the renter agrees to be the responsible party if the park has not been maintained properly during usage and may be billed cleanup, damage, and/or replacement fees.

The Quinter City Marshal, Gove County Sheriff's Department, Mayor/Administrator/Clerk of the City of Quinter has the authority to ask any party to leave the park if complaints are made or conduct is inappropriate in the Quinter City Park.

Renter Signature: _____ Date: _____

City Staff Signature: _____ Date: _____