

**CITY OF HERNANDO**  
PARKS & RECREATION DEPARTMENT  
2601 ELM STREET, HERNANDO, MS 38632  
429-2688 Fax 429-2681

**PARK PAVILION RESERVATION APPLICATION**

- LARGE PAVILION (MIDDLE OF PARK)      \$40 FOR RESIDENT/ \$60 FOR NON- RESIDENT  
 MEDIUM PAVILION (BACK OF PARK)      \$30 FOR RESIDENT/ \$50 FOR NON-RESIDENT  
 SMALL PAVILION (FRONT OF PARK)      \$20 FOR RESIDENT/ \$40 FOR NON-RESIDENT

**GROUPS FORMALLY ASSOCIATED WITH PUBLIC / PRIVATE SCHOOLS SHALL BE EXEMPT FROM FEES**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Purpose of application (birthday party, reunion, etc.): \_\_\_\_\_

Date of Pavilion for use? \_\_\_\_\_ Time of use: \_\_\_\_\_

Are you a city resident?    \_\_\_ YES \_\_\_ NO (Documentation may be required)

Is this group associated with a public or private school? \_\_\_ YES \_\_\_ NO

If yes, Name & Address of school \_\_\_\_\_

Will there be any outside amusement / entertainment devices (moon bounces, etc.)

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what type of device? \_\_\_\_\_

Will the device require the use of any utility service? \_\_\_\_\_ YES \_\_\_\_\_ NO

Will there be a petting zoo? \_\_\_\_\_ YES \_\_\_\_\_ NO

**CLEAN UP AFTER USE OF PARK IS REQUIRED**

**THE USE OF ANY SUCH ENTERTAINMENT / AMUSEMENT DEVICE OR PETTING ZOO WILL REQUIRE THAT THE PERSON OR ENTITY REQUESTING SUCH PERMIT FOR ANY SUCH USE OR USES EXECUTE A GENERAL RELEASE IN FAVOR OF THE CITY OF HERNANDO, MISSISSIPPI AND MUST ALSO PROVIDE PROOF OF LIABILITY INSURANCE COVERAGE FOR SUCH USE. THE MINIMUM AMOUNT OF LIABILITY INSURANCE SHALL BE \$500,000.00 AND MUST BE UNDERWRITTEN BY AN ADMITTED INSURANCE COMPANY WITHIN THE STATE OF MISSISSIPPI. THIS MUST BE PROVIDED TO THE CITY OF HERNANDO AT LEAST 5 DAYS IN ADVANCE.**

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PAVILION FEE      \$ \_\_\_\_\_

UTILITY SERVICE FEE (\$15)      \$ \_\_\_\_\_

PETTING ZOO FEE (\$25)      \$ \_\_\_\_\_

**TOTAL**      \$ \_\_\_\_\_

General Release signed for insurance: \_\_\_\_\_ YES \_\_\_\_\_ NO

Receipt# \_\_\_\_\_ Date: \_\_\_\_\_ Clerk: \_\_\_\_\_

