



MIAMI COUNTY PARK DISTRICT

2645 E. St. Rt. 41
Troy, Ohio 45373
Phone: (937) 335-6273
Fax: (937) 335-6221
MiamiCountyParks.com

Activity/Event Application

Date of Use: _____ Day of Week: _____ Arrive At: _____^{a.m.}/_{p.m.} Depart At: _____^{a.m.}/_{p.m.}

Person Requesting Permit: _____ For Group: _____

Address: _____ City/State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____ E-Mail: _____

Projected Attendance: _____ Age Range Of Group: _____

PERMIT FOR: Geocaching Photography Private Event Public Event Research Shelter Other

FACILITY: _____

SPECIFIC LOCATION WITHIN PARK: _____

DETAILED DESCRIPTION OF ACTIVITY PLANNED:

WHAT YOU ARE REQUESTING FROM MCPD:

User Fees

Activity/Event Fee: \$100 with \$50 discount for Miami County Residents. The Miami County Park District reserves the right to waive fees for individuals or organizations when it is determined appropriate.

In County Fee \$50 Out of County Fee \$100

Additional fees will be based on the staffing and equipment requirements for the requested activity/event.

- Ranger \$35/hour x _____ hours = \$ _____
- Staff \$25/hour x _____ hours = \$ _____

Equipment: Fees will be based on equipment requested, specific uses and on market rates charged by area rental retailers.

In using the Miami County Park District facilities/parks, _____ agrees to hold harmless and indemnify Miami County Park District, it's appointed officials, officers, employees and volunteers from any claims that may arise out of the use of the provided space/facility except for claims which may arise as a result of the negligence of Miami County Park District or an existing defect.

Signature of person requesting permit: _____ Date: _____

Fee and proof of insurance (Certificate of Liability) if applicable must be returned by _____ to secure your event. All fees are non-refundable.

<i>For use by Park Staff only</i>			
Date request rec'd _____	Request taken by _____	<input type="checkbox"/> In County <input type="checkbox"/> Out-Of-County	Fee \$ _____ Date fee rec'd _____
Signature of approval: _____		Date: _____	Form Updated 3-19