



Town of Darrington
OLD SCHOOL PARK RESERVATION
 1005 Cascade St. PO Box 397
 Darrington, WA 98241
 P. 360-436-1131 F. 360-436-0221
www.town.darrington.wa.us

APPLICANT(S): _____

PHONE: _____ EMAIL: _____

MAILING ADDRESS: _____

TYPE OF EVENT: _____

DATE OF EVENT(S): _____ TIME(S): _____ TO: _____

50 PEOPLE AND UNDER:

\$10 NON-REFUNDABLE FEE + \$25 DAMAGE DEPOSIT

50+ PEOPLE:

\$10 NON-REFUNDABLE FEE + \$100 DAMAGE DEPOSIT

100+ PEOPLE:

\$10 NON-REFUNDABLE FEE + \$250 DAMAGE DEPOSIT

CASH, CREDIT/DEBIT OR CHECKS ACCEPTED. PLEASE MAKE CHECKS PAYABLE TO THE TOWN OF DARRINGTON.
PLEASE KEEP DAMAGE DEPOSIT AND NON-REFUNDABLE FEE SEPARATE.

APPLICANT MUST ABIDE BY THE TOWN OF DARRINGTON PARK POLICY THAT IS PROVIDED WITH THIS FORM. WE SUGGEST THE APPLICANT CONTACT THEIR HOMEOWNERS INSURANCE COMPANY FOR EVENT INSURANCE.

THE TOWN OF DARRINGTON WISHES TO ENCOURAGE USE OF THE PARK FACILITIES BY THE COMMUNITY AS LONG AS THE USE IS A LAWFUL PURPOSE. ALL EVENTS ARE SUBJECT TO THE TOWN'S APPROVAL. NO PERSON SHALL BE DENIED THE FULL ENJOYMENT OF THE FACILITIES BECAUSE OF RACE, CREEED, COLOR, SEX, RELIGION, OR NATURAL ORGIN.

PLEASE CALL 360-436-1131 DURING BUSINESS HOURS FOR QUESTIONS

APPLICANTS SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Form of Payment: CASH CHECK DEBIT/CREDIT

CLERK SIGNATURE: _____ DATE _____

CLEAN AND OK TO RETURN DEPOSIT: Y / N DATE RETURNED: _____