



Town of Darrington
WHITEHORSE COUNTY PARK
RESERVATION
 1005 Cascade St. PO Box 397
 Darrington, WA 98241
 P. 360-436-1131 F. 360-436-0221
www.townofdarrington.com

APPLICANT(S): _____

PHONE: _____ EMAIL: _____

MAILING ADDRESS: _____

TYPE OF EVENT: _____

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

REQUESTED FIELD(S): BASEBALL FIELD _____ BASEBALL/SOFTBALL FIELD _____

SINGLE GAME/OTHER EVENT: \$25 NON-REFUNDABLE FEE + \$25 DAMAGE DEPOSIT
(Per Field, Per Day)

TOURNAMENT/OTHER EVENT: \$50 NON-REFUNDABLE FEE + \$50 DAMAGE DEPOSIT
(Per Field, Per Day)

3 MO. SEASON PASS/OTHER EVENT: \$100 NON-REFUNDABLE FEE + \$100 DAMAGE DEPOSIT
(Please Provide Schedule) (Per Field)

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 SNOHOMISH COUNTY PARK POLICY THAT IS PROVIDED WITH THIS FORM. THE APPLICANT MUST PROVIDE PROOF OF EVENT INSURANCE.

APPLICANT IS RESPONSIBLE FOR RESTROOM ACCOMMODATIONS.

GARBAGE CANS PROVIDED – ADDITIONAL GARBAGE SERVICE IS APPLICANT RESPONSIBILITY

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 COUNTY'S APPROVAL. NO PERSON SHALL BE DENIED THE FULL ENJOYMENT OF THE FACILITIES BECAUSE OF RACE, CREED, COLOR, SEX, RELIGION, OR NATURAL ORIGIN.

APPLICANTS SIGNATURE: _____ DATE: _____ S

OFFICE USE ONLY

Form of Payment: CASH CHECK DEBIT/CREDIT

CLERK SIGNATURE: _____ DATE _____

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