

CITY OF FLORENCE
REQUEST FOR THE USE OF THE HEMPHILL PARK PAVILION

The undersigned hereby requests use of the Hemphill Park Pavilion. The undersigned understands and agrees that use of the Hemphill Park Pavilion is subject to the rules contained in the "Policy of the Town of Florence, Mississippi, on Use of the Hemphill Park Pavilion", attached hereto and agrees to be responsible for compliance with these rules, of all persons in attendance. The undersigned certifies that he/she is a resident of the Town of Florence, MS and/or is the owner of a business located in the Town of Florence, MS and/or is a member of the organization or group; and will personally be present during the meeting to be held at the Hemphill Park Pavilion. The undersigned agrees to be responsible for any and all damages which may occur to the Hemphill Park Pavilion as a result of the use of the Hemphill Park Pavilion by the individual, organization or group named in this request and does hereby release and agree to indemnify and hold harmless the Town of Florence, MS and any of their officers, agents, servants, employees and insurers, from any and all damages to persons or property, occurring during or as a result of the use of the Hemphill Park Pavilion, by the individual, organization or group named in this application.

INDIVIDUAL, ORGANIZATION OR GROUP NAME: _____

PURPOSE OF ORGANIZATION OR GROUP: _____

DESCRIPTION OF FUNCTION TO BE HELD: _____

HAS ORGANIZATION/GROUP PREVIOUSLY USED HEMPHILL PARK PAVILION: YES NO

DATE OF PREVIOUS USE: _____ DATE OF PROPOSED USE: _____

BEGINNING TIME: _____ ENDING TIME: _____ ESTIMATED ATTENDANCE: _____

IS THE USE OF THE HEMPHILL PARK PAVILION BEING REQUESTED BY:

- A. A RESIDENT OR BUSINESS LOCATED IN THE TOWN, FOR A SOCIAL FUNCTION?
 YES NO
- B. A RESIDENT FOR A MEETING OF A GROUP OR ORGANIZATION OF WHICH RESIDENT OF THE TOWN OF FLORENCE IS A MEMBER?
 YES NO

IF THE ANSWER TO B. IS 'YES', IS THE GROUP OR ORGANIZATION REQUESTION USE OF THE HEMPHILL PARK PAVILION, A CIVIC ORGANIZATION COMPOSED OF CITIZENS OF THE TOWN OF FLORENCE, WHOSE PURPOSES INCLUDE PROMOTING THE COMMON GOOD AND GENERAL WELFARE OF THE CITIZENS OF THE TOWN OF FLORENCE? YES NO

NAME OF RESPONSIBLE PERSON

PHONE NO.

ADDRESS

DATE

CITY STATE ZIP

AGREED THIS THE _____ DAY OF _____, 20____.

Signature of Responsible Person

Request Approved: _____

Request Denied: _____