

**Gambier Community Center
Picnic Shelter – Ball Fields
Reservation Request**

NAME OF ORGANIZATION OR GROUP _____

NON-PROFIT ORGANIZATION _____ FOR-PROFIT ORGANIZATION _____

PERSON IN CHARGE _____ PHONE # _____

ALTERNATE CONTACT _____ PHONE # _____

SPACE REQUESTED – PICNIC SHELTER _____ BALL FIELD(S) _____

DATE(S) _____ TIME (FROM) _____ (TO) _____

PLANNED ACTIVITIES/USE _____

COMMENTS _____

THE VILLAGE OF GAMBIER IS NOT RESPONSIBLE OR LIABLE FOR ANY ACCIDENT OR INJURY TO ANY PERSON WHILE ON VILLAGE PREMISES OR WHILE USING VILLAGE OF GAMBIER PROPERTY OR EQUIPMENT, NOR IS THE VILLAGE RESPONSIBLE OR LIABLE FOR ANY LOSS OR DAMAGE TO PERSONAL PROPERTY. GROUPS MAY BE REQUIRED TO PROVIDE ADEQUATE LIABILITY INSURANCE COVERAGE FOR CERTAIN ACTIVITIES.

GROUPS AND ALL PERSONS AGREE TO ABIDE BY THE ABOVE TERMS AND STIPULATIONS AND ANY/ALL OPERATIONAL RULES OF THE VILLAGE BY SIGNING THIS REQUEST FORM.

SIGNED _____ DATE _____
AUTHORIZED REPRESENTATIVE

**RETURN FORM TO: SUZANNE HOPKINS, VILLAGE ADMINISTRATOR
THE VILLAGE OF GAMBIER
P.O. BOX 1984
GAMBIER, OHIO 43022**

RESERVATIONS ARE NOT CONFIRMED UNTIL APPROVED BY A VILLAGE OFFICIAL.

APPROVED _____ DISAPPROVED _____

VILLAGE OFFICIAL