

Town of Charlestown
Parks & Recreation
241 Market Street
Post Office Box 154
Charlestown, Maryland 21914
Phone: (410) 287-6173 Fax: (410) 287-6620

Park Reservation Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: () _____

Pavilion: Veteran's Park _____ Resident **\$25.00** Non-Resident **\$50.00**
Flag Pole: Long Point _____ **\$100.00**

- Day, Date and Time: _____
- Type of Event: _____
- Number of Attendees: Adults _____ Children _____
- Personal Equipment for use on Site: _____

Make check payable to: **Town of Charlestown**

Usage Rules:

1. User is responsible for clean-up of all trash and debris subsequent to use.
2. Vehicles are not permitted on grass. Parking restricted to adjacent parking area or pavement.
3. Electricity is not available.
4. Alcoholic beverages are not permitted in public parks. **Violations will not be tolerated.**
5. Consideration of others using the park is important, consequently pavilion or point users are requested to control noise and other activities which may affect the enjoyment of other park visitors.
6. This agreement does not give exclusive use of the entire park/point to the undersigned.

I, the undersigned, agree to abide by all rules set forth herein and I shall be responsible for the safe, orderly and responsible use of this public property. I agree to indemnify and save harmless the Town of Charlestown, its employees and agents from any act of commission or omission which may result in any personal injury or property damage arising out our organizational usage of Town facilities.

Signature _____ Date _____

FOR OFFICIAL USE ONLY Amount _____ Receipt/Check# _____ Initials _____