



# CITY OF APPLE VALLEY

## Parks & Recreation Department 952/953-2300

Mailing address: 7100 - 147<sup>th</sup> Street West, Apple Valley, MN 55124  
Office location address: 14603 Hayes Road, Apple Valley, MN 55124

**2020 Rates**

GROUP/ORGANIZATION \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ PHONE (home) \_\_\_\_\_ (alternate) \_\_\_\_\_

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### PARK SHELTER BUILDINGS

- A.V. East @ \$60/day + deposit
- Delaney @ \$60/day + deposit
- Hagemeister @ \$60/day + deposit
- Huntington @ \$60/day + deposit

• Building damage deposit = \$150

### PICNIC SHELTERS

- Farquar Hilltop @ \$60/day
- Farquar East @ \$40/day
- Redwood by ball field @ \$40/day
- Redwood by parking lot @ \$60/day
- Alimagnet @ \$60/day
- Lac Lavon @ \$60/day
- Cobblestone @ \$60/day

### OTHER

- Chuckwagon Cooker @ \$30/day + \$25 deposit
- Restroom Key @ \$25 deposit  
(available before Memorial Day and after Labor Day)

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RESERVATION DATE DESIRED \_\_\_\_\_ TIME OPEN \_\_\_\_\_ TIME CLOSE \_\_\_\_\_

PURPOSE \_\_\_\_\_ APPROX. NUMBER OF PEOPLE \_\_\_\_\_

As lawful consideration for being permitted to use the park shelter/building, belonging to the City of Apple Valley, I on behalf of myself, and/or the \_\_\_\_\_ corporation - organization - association, agree that the City of Apple Valley shall be held harmless and will not be liable for any injury or disability which I or any member, employee or participant of the said corporation - organization - association incur as the result of use of said facility due to the passive or active negligence of the city, its agents or employees. This release of liability of the City of Apple Valley does not include any injuries that I or any member, employee or participant of the said corporation - organization - association incur as the result of willful, wanton or intentional misconduct by the City of Apple Valley, its agents or employees. This agreement is specifically binding on my spouse, heirs and assigns, and the spouses, heirs and assigns of any member, employee or participant of the said corporation -organization - association.

I warrant that I am authorized to enter into this Agreement on behalf of said corporation -organization - association.

TODAY'S DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

\*\*\*\*\* lower portion information for staff use\*\*\*\*\*

Staff approval \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Rental Unit(s) x \$ \_\_\_\_\_ = \$ \_\_\_\_\_ DATE PAID \_\_\_\_\_

Damage Deposit \$ \_\_\_\_\_ Total Amount Due \$ \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_