

Yowell Meadow Park Reservation Form

Town of Culpeper
Department of Planning and Community Development
400 S. Main Street, Suite 301, Culpeper, VA 22701
Phone: 540-829-8260
Fax: 540-829-8279

FEE: \$50.00 "per pavilion", weekdays, weekends and holidays (0-99 persons). Reservations for 100 people or more require a Major Event Application (\$100 fee), which includes one pavilion.

Today's Date	<input style="width: 80%;" type="text"/>
Name	<input style="width: 98%;" type="text"/>
Address	<input style="width: 98%;" type="text"/>
Phone Number	<input style="width: 80%;" type="text"/>
Purpose for Use of Park	<input style="width: 98%;" type="text"/>

Date(s) for Use of Park	<input style="width: 90%;" type="text"/>	Approximate Number of People	<input style="width: 90%;" type="text"/>	The park pavilion rental is available for the entire day (dawn to dusk).
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Please check all facilities you wish to reserve:

<input type="checkbox"/> Volleyball Court	<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Basketball Court	Other: <input style="width: 95%; height: 150px;" type="text"/>
<input type="checkbox"/> Baseball Field	<input type="checkbox"/> Athletic Field #1	<input type="checkbox"/> Athletic Field #2	<input type="checkbox"/> T-Ball Field
<input type="checkbox"/> Pavilion A	<input type="checkbox"/> Pavilion B		

Do you have liability insurance to cover persons using the park? **Check (if yes)**

Policy #

The undersigned agrees to abide by the posted rules and regulations controlling the use and maintenance of Yowell Meadow Park. I/We agree to abide by said rules and to hold harmless the Town of Culpeper from any and all liability arising out of the use of the said park.

****This application must be in your possession during reservation of facilities at Yowell Meadow Park in order to be valid.**

Signature _____

Administrative Section DO NOT WRITE BELOW THIS LINE

Date Received: <input style="width: 90%;" type="text"/>	Staff Initials: _____	Amount of Fees Paid: _____
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If you have any problems, call the Town Police at 540-727-3430.

SORRY, NO REFUNDS.