APPLICATION FOR
PARTNERS PARK - MEMORIAL HEALTH PAVILION RENTAL

*** IMPORTANT INFORMATION – Please read before completing the application ***

The applicant is considered the responsible party and must:
• Complete this application
• Pay reservation fee
• Be present for the entire duration of the event

By submitting payment and signing this rental application, it is understood the applicant agrees to the following:
• All request for rentals are confirmed once payment is made. A copy of the approved rental application confirming the date and time of the rental will be provided. Please bring this copy to the event as proof of rental.
• Park hours are dawn to 11pm.
• No open fires are allowed in City Parks. No grills or automobiles are allowed under the pavilion.
• All pets must be on a leash and cleaned up after. Mutt-mitts are available at the park.
• Alcohol is not permitted at the park unless the applicant has obtained a Partners Park Beer and Wine permit.
• No inflatable devices such as bounce houses will be permitted.
• Private signs are not permitted to be placed at the park or in the City Right of Way near the pavilion.
• Parking for the park is available in the various public lots and on street parking spaces within the Historic Uptown District. Park only in designated parking areas.
• Smoking is prohibited in all City Parks and City owned facilities.
• Refunds will not be issued for inclement weather; however, the rental can be rescheduled.
• To receive a refund, the applicant must cancel the reservation 2 weeks prior to the date of the event.
• Rentals that are for fund-raising or profit making endeavors must first fill out the Special Event Application for Park Facilities and comply with the Special Event Policy Guidelines.
• No rental can be used to distribute food to the general public unless the applicant submits an approved Union County Health Department permit and a City of Marysville Concession permit.
• Failure to abide by the above rules may result in immediate expulsion of individuals, or the entire group, forfeiture of the deposit, citation into court or arrest of violators.
• Note that this facility is located directly across from a fire station. When fire trucks, ambulances and other related vehicles respond to emergencies, the lights and sirens may disrupt activities and events nearby.
• Should issues arise that are not able to be resolved by the applicant, the City of Marysville reserves the right to immediately terminate the event and future events that are requested by the applicant.
• The applicant must remain at the facility for the duration of the event as the sole point of contact for any violations to the above rules.

A complete list of rules for City of Marysville parks can be found at www.marysvilleohio.org in City Code Chapter 951.
Applicant Information (Please print clearly)

Applicant: ________________________________________________________________
Company: ________________________________________________________________
Applicant’s Street Address: ________________________________________________
City, State, and Zip Code: ________________________________________________
Telephone Number: _______________________________________________________
E-mail Address: __________________________________________________________
Date of Birth: ____________________________________________________________________

Event Information

Date of Event: ________________________________ Time Reserved: _______ Begin _________ End
Type of Event: __________________________________________________________________
Anticipated # in Attendance: ________________________________________________

The applicant agrees to:
• Comply with the information contained on this application
• Notify the City of any changes to the information provided on this application

I hereby attest to the truth and exactness of all information supplied on and with this application.

Signature of Applicant: ___________________________________________ Date:_________________________

FOR OFFICE USE ONLY

Received (stamp): Fees:
Reservation Fee*   Cash/Check#
Resident/Non-Profit: $100/hr _____ Received/Approved By _____
Non-Resident/For-Profit: $150/hr _____
*Two (2) Hour Minimum
TOTAL FEES DUE:__________ TOTAL FEES PAID:__________

Application Details:
________________________________________________________________________
________________________________________________________________________

Issued By Date Approved