



822 West Liberty, Sumter, South Carolina 29151 * 1-800-688-4748 * 1-803-436-2640 * Fax: 1-803-436-2652

MEMORIAL PARK GAZEBO RESERVATION FORM

The City of Sumter welcomes you to **Memorial Park**. The gazebo is available for the public to enjoy. In reserving the gazebo, you must agree to the following conditions:

GENERAL RULES:

- Leave the gazebo and its surrounding area as you find them.
- Amplified music is **NOT** allowed and electrical or battery operated equipment is allowed only with **prior approval**.
- **Inflatables are NOT permitted.**
- The activities must take place during operating hours of the park: **10:00 am – 6:00pm.**
- Privacy is **NOT** guaranteed for weddings or parties.
- Tables or decoration of any kind must have prior approval.
- Chairs are allowed provided they are only placed on the concrete pad. **(We do not provide chairs)**
- All external structures must have prior approval.
- Smoking is Prohibited.
- **NO ALCOHOLIC BEVERAGES ALLOWED.**
- A **two weeks** cancellation notice is required and a new date can be rescheduled within 60 days.
- **The person reserving the gazebo is accountable for observance of the above conditions and conduct of guests with consideration to the surrounding residential area.**
- **A deposit must be made to secure a date for the event.** If the event is cancelled a 30 day notice is required and the deposit is non-refundable; however, one other date can be chosen at the time of cancellation for another date to be utilized within sixty (60) days from date of cancellation based on availability.

The Deposit is refundable if all conditions of this agreement are met. Payment in full is required two weeks prior to the event date or subject to cancellation.

I _____ **HAVE READ AND AGREE TO THE ABOVE CONDITIONS FOR THE USE OF MEMORIAL PARK GAZEBO WITH THE UNDERSTANDING OF COMPLETE RESPONSIBILITY OF ADHERENCE TO THE RULES.**

Deposit Fee: **\$100.00**

Reservation Fee: **\$50.00 per two hour increments**

Event date and time

Name (print)

Event type

Number of Guests

RENTAL APPLICATION
(Memorial Park Gazebo)

(ALL QUESTIONS MUST BE ANSWERED)

Today's Date: _____ **Event Date Requested:** _____

Name of Organization: _____

Organization Phone: _____

Name of Person Responsible for Use: _____

Address: _____

Day Phone: _____ **Night Phone:** _____

Name of Person Responsible for Payment (If same as above please write same):

Name: _____

Address: _____

Phone: _____

Type/Details of Event: _____

Number of Attendees: _____ **Event Coordinator:** _____

