## CONTRACTS RECEIVED LESS THAN 30 DAYS BEFORE EVENT DATE WILL BE DENIED

FOREST PARK RECREATION AND LEISURE SERVICES FACILITY USE CONTRACT

			Time to E	nter T	lime to Leave	Date(s) of Use Requested:	9/20/25
Space Requested:		12:0	12:08 NOON 3:00 P.M		Admission/Participation Charged?		
Gymnasium Amphitheater		_	Day of the Week		☐ Yes		
☐ 696 Mai	in St.	☐ Football Sta		M [	ר F	☑ No	
☐ Senior C	enter	☐ Baseball Fie	elds 🗆	т [	S	Nature of Organization:	☐ Profit
☐ Pavilion:	s				□ Sn	☐ Government Agency	Business
				Th [		Religious Group	Non-Profit
				***		☐ Civic Group	_
							☐ Other (enter Below)
Name of Group or Organization				1	-	Type of Activity:	^
Forest 1		HUSOCIATION	24		A word Day	of Proyer There.	
Address of Group or Organization: 1000 Mais 34.					_	HUNUAN Day	1,10
Forst	(00		20191	7	will be singing,	Praise dancing,	
City State			te	Zip		Annual Day of Player. There will be singing, praise descing, INSKUMENTALISTS, & Praying.	
0 1/		0.1	11	11/1920 1722		Magricillentalis/3	PRYING.
Dr. Ber	INCTR	roden	40	404 732-1333			
Contact	t Person Na	me		Telephone N	umber		
Email: Ken	Sonder	3386 Q	amail. C	om			
Lindii.	1000	3-00-6	J			* 1	
			*				
						presentative is present during the ent	
						TES INDICATED ABOVE AND A	
*TERIVIS/CON	WILLIONS FO	OK THE USE OF FO	DREST PARK FACIL	ITIES. I HAVE I	ENCLOSED A CE	RTIFICATE OF INSURANCE AS	OUTLINED BELOW.
religion to the Dal							
7/10	8/15				0	March Hall	1.
7/2	8/25	1			Dr	Kenneth Pal	den
Date  MAKE CASHIER'S	8/25 CHECK OR PO	OSTAL MONEY ORD	FRS PAVARI F TO: C	ty of Forest Par		Kenneth Fall	den
			ERS PAYABLE TO: CI	ty of Forest Par		Kenneth Pal	den
MAKE CASHIER'S	ficate	Yes	prog	ity of Forest Par Rate		Kennoth Pau of Applicant	den
MAKE CASHIER'S Insurance Certif	ficate	Yes	□ No		k		s, groups not directly related
MAKE CASHIER'S Insurance Certif	ficate ity Charges	Yes	□ No		k	Prior to using the facilities	s, groups not directly related
MAKE CASHIER'S Insurance Certif Applicable Facil Facility Use	ficate ity Charges	Yes	□ No		k	Prior to using the facilities to the city must provide	e a certificate of insurance
MAKE CASHIER'S Insurance Certif Applicable Facil Facility Use Maint. Staff	ficate ity Charges	Yes	□ No		k	Prior to using the facilities to the city must provide indicating liability coverage	e a certificate of insurance ge in the amount of at least
MAKE CASHIER'S Insurance Certif Applicable Facil Facility Use	ficate ity Charges	☐ No _	□ No		k	Prior to using the facilities to the city must provide indicating liability coveragone million dollars (\$1,0	e a certificate of insurance
MAKE CASHIER'S Insurance Certif Applicable Facil Facility Use Maint. Staff Tech Support	ity Charges  Yes Yes Yes Yes	No _	□ No		k	Prior to using the facilities to the city must provide indicating liability coveragone million dollars (\$1,0 general aggregate. This control is the control of the control	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence
MAKE CASHIER'S Insurance Certif Applicable Facil Facility Use Maint. Staff	ity Charges  Yes Yes	□ No _	□ No		k	Prior to using the facilities to the city must provide indicating liability coveragone million dollars (\$1,0 general aggregate. This cadditional insured for the	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an
MAKE CASHIER'S Insurance Certif Applicable Facil Facility Use Maint. Staff Tech Support	ity Charges  Yes Yes Yes Yes Yes	No _	□ No		k	Prior to using the facilities to the city must provide indicating liability coveragone million dollars (\$1,0 general aggregate. This cadditional insured for the of the facility as specifie	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an duration of the group's use
MAKE CASHIER'S Insurance Certif Applicable Facil Facility Use Maint. Staff Tech Support Security	ity Charges  Yes Yes Yes Yes	☐ No No No No	□ No		k	Prior to using the facilities to the city must provide indicating liability coveragione million dollars (\$1,0 general aggregate. This cadditional insured for the of the facility as specific activities the certificate m	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an duration of the group's use d above. For sports related
MAKE CASHIER'S Insurance Certif Applicable Facil  Facility Use Maint. Staff Tech Support  Security	ity Charges  Yes Yes Yes Yes Yes	☐ No No No No	# Hours		k	Prior to using the facilities to the city must provide indicating liability coveragone million dollars (\$1,0 general aggregate. This cadditional insured for the of the facility as specifie activities the certificate m no "athletic participants"	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an duration of the group's use d above. For sports related oust contain a statement that
MAKE CASHIER'S Insurance Certif Applicable Facil  Facility Use Maint. Staff Tech Support  Security	ity Charges  Yes Yes Yes Yes Yes	☐ No No No No	□ No		k	Prior to using the facilities to the city must provide indicating liability coveragone million dollars (\$1,0 general aggregate. This cadditional insured for the of the facility as specifie activities the certificate m no "athletic participants"	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an duration of the group's used above. For sports related oust contain a statement that are excluded on the liability ain this insurance from any
MAKE CASHIER'S Insurance Certif Applicable Facil  Facility Use Maint. Staff Tech Support  Security	ity Charges  Yes Yes Yes Yes Yes	No _   No _   No _   No _   No _   No _	# Hours  Total Due \$	\$\$ \$\$ \$\$	\$\$	Prior to using the facilities to the city must provide indicating liability coverage one million dollars (\$1,0 general aggregate. This cadditional insured for the of the facility as specific activities the certificate m no "athletic participants" insurance. You may obtainsurance agent of your chemical to the care of the care of the certificate may be care of the c	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an duration of the group's use d above. For sports related tust contain a statement that are excluded on the liability ain this insurance from any noice.
MAKE CASHIER'S Insurance Certif Applicable Facil  Facility Use Maint. Staff Tech Support  Security	ity Charges  Yes Yes Yes Yes Yes	No _   No _   No _   No _   No _   No _	# Hours  Total Due \$	\$\$ \$\$ \$\$	\$\$	Prior to using the facilities to the city must provide indicating liability coverage one million dollars (\$1,0 general aggregate. This cadditional insured for the of the facility as specific activities the certificate m no "athletic participants" insurance. You may obta	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an duration of the group's use d above. For sports related tust contain a statement that are excluded on the liability ain this insurance from any noice.
MAKE CASHIER'S Insurance Certif Applicable Facili Facility Use Maint. Staff Tech Support Security Equipment	ity Charges  Yes Yes Yes Yes Yes Yes	No	# Hours  Total Due \$	\$\$ \$\$ \$	\$\$ \$\$ DR FPRLS EXI	Prior to using the facilities to the city must provide indicating liability coveragone million dollars (\$1,0 general aggregate. This cadditional insured for the of the facility as specific activities the certificate m no "athletic participants" insurance. You may obtainsurance agent of your check.	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an eduration of the group's used above. For sports related oust contain a statement that are excluded on the liability ain this insurance from any noice.
MAKE CASHIER'S Insurance Certif Applicable Facili Facility Use Maint. Staff Tech Support Security Equipment	ity Charges  Yes Yes Yes Yes Yes Yes	No	# Hours  Total Due \$	\$\$ \$\$ \$	* Total	Prior to using the facilities to the city must provide indicating liability coverage one million dollars (\$1,0 general aggregate. This cadditional insured for the of the facility as specific activities the certificate m no "athletic participants" insurance. You may obtainsurance agent of your chemical to the care of the care of the certificate may be care of the c	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an eduration of the group's used above. For sports related oust contain a statement that are excluded on the liability ain this insurance from any noice.
MAKE CASHIER'S Insurance Certif Applicable Facili Facility Use Maint. Staff Tech Support Security Equipment	ity Charges  Yes Yes Yes Yes Yes Yes	No	# Hours  Total Due \$	\$\$ \$\$ THIS LINE FO	\$\$  COR FPRLS EXI	Prior to using the facilities to the city must provide indicating liability coverage one million dollars (\$1,00 general aggregate. This conditional insured for the of the facility as specific activities the certificate meno "athletic participants" insurance. You may obtainsurance agent of your characteristics.	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an eduration of the group's used above. For sports related oust contain a statement that are excluded on the liability ain this insurance from any noice.
MAKE CASHIER'S Insurance Certif Applicable Facili Facility Use Maint. Staff Tech Support Security Equipment  Director Signar	ficate ity Charges  Yes Yes Yes Yes Yes Yes ture:	No _	# Hours  # Total Due \$  SIGN BELOW	\$\$ \$\$ \$	\$\$  COR FPRLS EXI	Prior to using the facilities to the city must provide indicating liability coveragone million dollars (\$1,0 general aggregate. This cadditional insured for the of the facility as specific activities the certificate m no "athletic participants" insurance. You may obtainsurance agent of your check.	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an eduration of the group's used above. For sports related oust contain a statement that are excluded on the liability ain this insurance from any noice.
MAKE CASHIER'S Insurance Certif Applicable Facili Facility Use Maint. Staff Tech Support Security Equipment	ficate ity Charges  Yes Yes Yes Yes Yes Yes ture:	No	# Hours  Total Due \$	\$\$ \$\$ THIS LINE FO	\$\$  COR FPRLS EXI	Prior to using the facilities to the city must provide indicating liability coverage one million dollars (\$1,00 general aggregate. This conditional insured for the of the facility as specific activities the certificate meno "athletic participants" insurance. You may obtainsurance agent of your characteristics.	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an eduration of the group's used above. For sports related oust contain a statement that are excluded on the liability ain this insurance from any noice.
MAKE CASHIER'S Insurance Certif Applicable Facili Facility Use Maint. Staff Tech Support Security Equipment  Director Signar	ficate ity Charges  Yes Yes Yes Yes Yes Yes ture:	No _	# Hours  # Total Due \$  SIGN BELOW	\$\$ \$\$ THIS LINE FO	\$\$  COR FPRLS EXI	Prior to using the facilities to the city must provide indicating liability coverage one million dollars (\$1,00 general aggregate. This conditional insured for the of the facility as specific activities the certificate meno "athletic participants" insurance. You may obtainsurance agent of your characteristics.	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an eduration of the group's used above. For sports related oust contain a statement that are excluded on the liability ain this insurance from any noice.
MAKE CASHIER'S Insurance Certif Applicable Facili Facility Use Maint. Staff Tech Support Security Equipment  Director Signar	ficate ity Charges  Yes Yes Yes Yes Yes Yes ture:	No _	# Hours  # Total Due \$  SIGN BELOW	\$\$ \$\$ THIS LINE FO	\$\$  COR FPRLS EXI	Prior to using the facilities to the city must provide indicating liability coverage one million dollars (\$1,00 general aggregate. This conditional insured for the of the facility as specific activities the certificate meno "athletic participants" insurance. You may obtainsurance agent of your characteristics.	e a certificate of insurance ge in the amount of at least 000,000.00) per occurrence certificate holder and as an eduration of the group's used above. For sports related oust contain a statement that are excluded on the liability ain this insurance from any noice.