



# City of Spearfish

## Facility/Shelter Reservation Request Form

122 Recreation Ln, Spearfish SD 57783 P:605-722-1430 • F: 605-722-1436

Email: rentals@cityofspearfish.com • www.cityofspearfish.com

Today's Date		Contact Name	
Phone		Organization Name	
Phone (day of event)		Email	
Residential Address (Include City, State, Zip)			
Mailing Address - If Different than Residential (Include City, State, Zip)			
Date of Event		Type of Event	
<b>Facility Requested</b> <input type="checkbox"/> Hudson Hall <input type="checkbox"/> Snappers Club <input type="checkbox"/> Log Cabin <input type="checkbox"/> Pavilion <input type="checkbox"/> Indian Springs <input type="checkbox"/> Bandshell		<b>Park Shelter Requested</b> <input type="checkbox"/> City Park North <input type="checkbox"/> Evans <input type="checkbox"/> Lions <input type="checkbox"/> City Park South <input type="checkbox"/> Heritage <input type="checkbox"/> Mt. Shadows <input type="checkbox"/> City Park Central <input type="checkbox"/> Jorgensen <input type="checkbox"/> Salem <input type="checkbox"/> Sandstone	
Rental Time Requested (Including Setup)		Including Clean Up/Set Up Event Start Time_____Event End Time_____	
Is this a public event? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will admission be charged, fees be collected or will donations be accepted? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Will there be alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, What Type? <input type="checkbox"/> Brown Bag (Alcohol will be present at event, but not sold) <input type="checkbox"/> Cash Bar (Alcohol will be available for purchase)		
Anticipated Number of Attendees	Age of Attendees <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Both		
Detailed Event Description: (please include any additional relevant details including special requests):			
<b>The following must be completed/returned in order to guarantee reservation:</b> <input type="checkbox"/> Contract <input type="checkbox"/> Alcohol Permit (If Applicable): _____ <input type="checkbox"/> Down Payment <input type="checkbox"/> Cleaner (If Alcohol is present): _____ <input type="checkbox"/> Deposit <input type="checkbox"/> Walk Through Date (no more than 1 week in advance): _____ <input type="checkbox"/> Certificate of Liability *See Below*			

This request **does not** guarantee reservation. You must speak with City Staff to confirm availability, as well as complete the items listed above. Return request via one of the following methods:

**IN PERSON:** Spearfish Rec & Aquatics Center: 122 Recreation Ln, Spearfish

**EMAIL:** rentals@cityofspearfish.com • **FAX:** (605)722-1436

**\* User shall maintain occurrence based commercial general liability insurance or equivalent form with a limit of not less than \$300,000.00 each occurrence. If such insurance contains a general aggregate limit it shall apply separately to this Agreement or be no less than two times the occurrence limit.**