TOWN OF VASS
FACILITY RESERVATION APPLICATION AND PERMIT

Reservations are limited only to the facility listed.

Building(s)/Facility(ies) to be used:_____

Resident Fee:_____ Non-Resident Fee:_____

Date(s) _____ Time(including set up and clean up):Begin_____End_____

Person/Group Using Facility(ies):_____

Arrangements Made By:_____ Phone number:_____

Physical Address:_____

Mailing Address: _____

Purpose of Rental: _____

Estimated Number of Participants: _____

My signature verifies that I am responsible for the group reserving the _____ facility(ies) and I have read and fully understand the facility policies and rules. I further understand that failure to abide by these rules could result in no further use of the facility by the group. My signature also verifies that I agree to defend, indemnify and hold harmless the Town of Vass for any claims for loss or damages, including expenses and defense costs it incurs as a result of the use of the premises.

_____

Print Name Signature Date

_____

Town of Vass Authorized Signature Date

"This is an Equal Opportunity facility. Federal law prohibits discrimination. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S. Room 326-W., Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272202) 720-5964 (voice) or (202) 720-6382 (and TDD).