

City of Driggs, Idaho
 60 S. Main Street | PO Box 48
 Driggs, ID 83422
 Ph: (208) 354-2362
 Fax: (208) 354-8522
www.driggs.govoffice.com



Park Reservation Form

Please call the City Clerk at 354-2362 for information on availability. Facility description on [website](#).

Applicant Name: _____

Phone: _____ **Email:** _____

Mailing Address: _____

Business/Organization/Sponsor Name: _____

Name of Event: _____

Type or Purpose of Event: _____

Date(s): _____ **Number of Events:** _____

Time: _____ **Number of hours per event:** _____

Number of Participants*: _____

Venue Location (select all that apply):

Use	Reservation Fee: Single event	Reservation Fee: Multi-event (for the season)
<input type="checkbox"/> Ball Field	\$25	\$5 per Person
<input type="checkbox"/> Basketball/Volleyball	\$25	\$5 per Person
<input type="checkbox"/> Pavilion and/or Stage	\$25	\$5 per Person
<input type="checkbox"/> Soccer/Multi-Purpose Field	\$25	\$5 per Person

For events/seasons with >200 participants, additional toilet facilities and garbage can provisions must be provided by the event sponsor in a number approved by the Public Works Director. Field preparation is the responsibility of the event sponsor with approval by the Public Works Director.

1. Will you be serving beer and/or wine (alcohol prohibited in City Park)? YES NO
2. Will you have retail sales at the event? YES NO

TERMS & RESPONSIBILITIES

1. Field preparation is the responsibility of the event sponsor with approval by the Public Works Director.
2. Return facility back to original condition and in a clean state (garbage, banner, etc.).
3. Turn off all field/court lights after use.
4. Contact _____ if you have any facility emergencies after business hours.

I understand and agree to the terms and responsibilities listed above that are required to use the venue.

Applicant Signature

Date

OFFICE USE ONLY

FEE: \$ _____ **RECEIPT #:** _____ **DATE RECEIVED:** _____ **RECEIVED BY:** _____

Beer/wine sales license required? YES NO **Date issued:** _____

Retail sales require non-property sales tax (resort tax)? YES NO **Date issued:** _____

Portable toilets required? YES NO **Number:** _____

APPROVED BY: _____ **Date** _____
City Clerk