



Kenai Parks and Recreation

Picnic Shelter and Gazebo Reservation Request Form

332 Airport Way Kenai, Alaska 99611 (Physical Address)

210 Fidalgo Ave., Ste. 200 Kenai, Alaska 99611 (Mailing Address)

(907)283-8261 Office, (907)283-3693 Fax

Filling out this form does not guarantee the date, time and shelter you are requesting.

Shelters may only be reserved May 1st through September 30th.

No reservations will be taken before January 2nd.

Shelter Requested (Select the desired location from the list below)

- | | | | | | |
|------------------------------|--------------------------|-----------------------------|--------------------------|-----------------------|--------------------------|
| Municipal Park: Shelter 1 | <input type="checkbox"/> | Shelter 2 | <input type="checkbox"/> | Shelter 3 (South End) | <input type="checkbox"/> |
| Softball Greenstrip Pavilion | <input type="checkbox"/> | 4 th Avenue Park | <input type="checkbox"/> | | |
| Leif Hansen Mem. Park Gazebo | <input type="checkbox"/> | Bluff Overlook Gazebo | <input type="checkbox"/> | | |
| Daubenspeck Family Park | <input type="checkbox"/> | Beaver Creek Park | <input type="checkbox"/> | | |

Name of Organization: _____ **Contact Person:** _____

Address: _____ **Zip:** _____

Phone Number: Hm _____ Wk _____ Cell _____ **Email:** _____

Date of Event: _____ **Arrival Time:** _____ **Departure Time:** _____

Purpose of Event and Activities Planned: _____

Number of People (Approximately): _____

Is the Event: By Invitation Only _____ Open to the Public _____

Special Needs: _____
Electricity (Leif Hansen Memorial Park & Softball Green Strip only)

Will Alcohol Be Consumed? Yes _____ No _____ (If yes, caterer's permit required)

Reservation Fees:

Park Shelter: \$50.00 Deposit/\$15.00 Fee + Tax

Memorial Park Gazebo: \$200.00 Deposit/\$20.00 Fee + Tax

Please allow at least three (3) weeks for return of your deposit.

Deposit Amount: \$ _____ Fee Amount: \$ _____ Total: \$ _____

Check # (if applicable): _____

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

FOR OFFICE USE ONLY

The facility has been inspected and full amount of deposit shall be returned.

The facility has been inspected and the sum of \$ _____ shall be withheld to cover cost of repair.

The following has been found to be damaged: _____

Staff Signature: _____ Date: _____

Administration Use Only

Received By: _____ **Date and Time:** _____

Insurance: Yes / No **Facility Use Agreement on File?** Yes / No

Insurance Received: _____ **Reservation Made:** _____