

City Clerk's Office

407 Birch Ave SW, P. O. Box 810 Napavine, WA 98565 Phone: (360) 262-3547 Fax: (360) 262-9199 www.cityofnapavine.com

Napavine Community Park Reservation Form 207 W. Washington St.

The Napavine Community Park is publicly owned so exclusive use is prohibited. The Napavine Community Park has a small playground with swings and is wheelchair accessible. The park has day use picnic tables, and overnight camping is possible; however, there are no public utilities. There is a \$25 fee to camp overnight.

Anyone using the park must leave the park in as good or better condition than you found the park. All garbage must be enclosed in a plastic bag, tied, and placed in a garbage can receptacle provided by the city.

Rules of the Park:

- No Bikes On The Grass
- No Skateboards
- Bike Riders Must Ride Slowly and Safely on designated paths.
- No Overnight Camping
- No Alcoholic Beverages
- Don't Pick the Flowers
- Dogs Must Be On A Leash/Clean Up After Your Dogs
- Smoking is PROHIBITED in city parks.
- Place All Litter in Trash Cans/Clean Up After Events
- Do Not Leave Fires Unattended

appreciates and	damage deposit of \$100.00 larelies on donations to the pacity park fund. \(\subseteq \text{Yes} \subseteq \text{No.} \)	rk fund for m			
employees from judgment of ever property by rear officers and em The City of N litigation and j damage or inju	MLESS: The city of Napa m all suites and actions, includery name and description agrason of the cities actions or apployees, shall through the siapavine, from all suits and audgment of every name and arry to person or property by oyees, for the purposes of fur	uding reason ainst The Cit omission by gning of this actions, included description reason of any	able attorney y as a result the city for t Agreement, uding reasor against the y actions or	ys' fees and all of loss, damage the any purpose indemnify, hol nable attorneys' named individu omission by the	costs of litigation and e or injury to person or e. The undersigned, its d harmless and defend ' fees and all costs of ual as a result of loss
I,		, agree to the	above condi	itions.	
Name of Group/Individual		-	Signature of responsible party		
How many expected to attend			Address		
 Date	Hours of event	-	City	State	Zip code