



SODUS TOWNSHIP

P.O. Box 176
4056 King Drive
Sodus, MI 49126

(269) 926-6285 / Twp. Hall
(269) 926-1825 / Fax
Email: office@sodustwp.org

Website: www.sodustwp.org

PARK AND PAVILION RESERVATION APPLICATION

Activity Date & Time: _____

Name of Group/Individual: _____

Address: _____

Phone Number: _____

Approx. Number Expected: _____

Back or Front Pavilion: _____ Fee & Deposit: _____

Indemnification Agreement:

The undersigned hereby makes application for the use of the above-described facility and agrees to abide by the rules and regulations in effect; to leave the facilities in good, proper condition; and to report any damages done during the use of the facility to the Sodus Township authority within twenty-four (24) hours of departure. The applicant further agrees to hold Sodus Township free and harmless from any liability of any nature, including any injuries, death, damage, loss of personal property, if caused in whole or in part by the negligence of the applicant, or by third parties, or by the agents, servants, employees, or factors of any of them.

I certify that I have received a copy of the Parks Rules and conditions and that I understand and agree to abide by them. I further understand that any expenses to Sodus Township related to damages or clean-up of the Parks facilities will result in a deduction from the security deposit and possible additional charges. The information I have provided is true and correct to the best of my knowledge, I understand that this permit can be revoked and all fees forfeited, for failing to comply with park rules.

Signature: _____ Date: _____

Witness: _____ Date: _____

Deposit Returned: _____

Date

Signature