City of Kenai Parks & Recreation Office: 907-283-8262

Organization	
Contact Name	
Phone	
Mailing Address	Zip
Email	
_	
CHECK ONE:	
☐ Scheduling recurring rental (Insurance certificate	s will be required for reoccurring scheduling)
☐Single Use Rental Date of Rental	Length of Rental:
Purpose of Event	Estimated Participants:
Additional Requests:	
POLICY:	
<ul> <li>must be preapproved for invoice billing by th</li> <li>Recurring scheduling will require a form of it</li> <li>If approved for invoice billing, the group will published schedule. Modifications to the publ The group will be billed for the time they res</li> </ul>	nsurance for the organization or group.  be responsible for all reservations confirmed on the lished schedule may be made 48 hours in advance. erved if there is a cancellation less than 48 hours in Due to an Act of God will be exempt from this policy.) requested date or time. Court Requests are the City Website.
FEES & PAYMENT INFORMATION:  ☐ Rental Fee Paid (Full Court - \$50.00/hour, Half Co	ourt – \$25.00/hour) 🗆 Tax Exempt
☐ Card ☐ Check (Check #) ☐ Invoice (	must be approved for invoicing)
of Kenai and its employees harmless from all liab including but not limited to property damage, in the property of the Kenai Recreation Center own the sponsor to inform all members of your group Failure to abide by Rules and Regulations could	•
Signature	Dateue to unforeseen circumstances. If the City of Kenai cancels
the event, you have the option of selecting a new date for	
EMAIL COMPLETED FOR	M TO PARKS@KENAI.CITY
Received by:  Insurance:  Yes No Reservation Confirmed:	Date: