

THIS IS A NON-PROFIT FACILITY.
ALL FUNDS RECEIVED ARE USED TO
MAINTAIN AND UPDATE THE
FACILITY AND GROUNDS.

FOR OFFICE USE ONLY:

- (1) Date Reserved _____
- (2) Date Contract Sent _____
- (3) Date Contract Rec'd _____
- (4) Date \$110.00 Rec'd _____
- (5) Date \$100.00 Rec'd _____
- (6) Date Deposit Ret'd _____
- (7) Amount Charged _____

ST. JOSEPH TOWNSHIP/LIONS PARK RENTAL CONTRACT

NAME: _____

AMOUNT DUE (IN ADVANCE) \$210.00
(\$110.00 RENTAL, \$100.00 DEPOSIT).

ADDRESS: _____

**SEND SEPARATE CHECKS PAYABLE TO:
ST. JOSEPH TOWNSHIP. AGREEMENT
IS NOT VALID UNTIL CHECKS ARE
RECEIVED. DEPOSIT WILL BE RETURNED
AFTER SATISFACTORY INSPECTION.**

PHONE: _____

REPRESENTING: _____

DATE RESERVED: _____

TIME RESERVED: _____

RULES

1. Users must sweep and generally clean up after use. Tables must be wiped.
2. Kitchen and bathrooms must be cleaned.
3. Tables must be arranged as found and no furniture is to be removed from the building.
4. Garbage must be bagged, tied and left in barrel – One bag limit.
5. Decorations must be pre-approved. No taping on tables, ceiling and/or walls.
6. The capacity of the building and premises is rated at a maximum of 200.
7. Park hours are from 10 a.m. to 8 p.m. FIRM – Need to prepare for next event.
8. The sale of beer, food, and other articles **IS NOT PERMITTED**. No glass containers (all pop, beer, and beverages must be in cans) – **NO KEGS** – no pets, no overnight camping, no ground fires, no firearms, no explosives.
9. Liquor laws of the State of Minnesota must be followed.
10. To prevent damage to shallow sprinkler system, no stakes or pipes may be driven into the ground – no exceptions!
11. No motorized vehicles allowed beyond parking lot.

**VIOLATION OF ANY RULES WILL JEOPARDIZE DEPOSIT REFUND. THE TOWNSHIP
RESERVES THE RIGHT TO INSPECT THE PREMISES DURING RENTAL TIMES.**

I, _____, REPRESENTING _____
(Name) (Group Name or Function)

UNDERSTAND THAT WE, AS RENTERS, WILL ABIDE BY ALL RULES AND REGULATIONS AND THAT WE ARE MONETARILY RESPONSIBLE FOR ANY DAMAGE TO PROPERTY AND/OR EQUIPMENT ABOVE AND BEYOND NORMAL USE.

SIGNATURE: _____ DATE: _____

VOLLEYBALL (THIS ITEM MUST BE RETURNED OR THE REPLACEMENT VALUE WILL BE DEDUCTED FROM THE DEPOSIT).

Send Checks to:
Box 585
St. Joseph, MN 56374

Revised: 1/1/2020