

UAW LOCAL 974
PAVILION RENTAL RESERVATION FORM

Name of individual(s) or group requesting reservations: _____

Address: _____ City: _____ Zip: _____

Phone Number: (____) _____ Date Requested: _____

Time (approx): From _____ To _____ Number of people expected: _____

Purpose for use: _____

List any special activities (example: alcohol, band, fire, portable cooker or roaster, porta potties, etc.)

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- UAW Local 974 will be indemnified from any and all injuries, losses or damages.
 - Any special needs or requests that are not mentioned in the Pavilion Rental Guidelines Reservation Form should be addressed to UAW Local 974 Executive Board prior to the event - the Executive Board meets the 2nd Sunday of each month.
 - UAW Local 974 shall not be responsible for any accidents or items lost or stolen.
 - One porta pottie will be on site. Donations for on site porta potties will be appreciated and accepted.

Applicant will not hold UAW Local 974 liable for any damages or penalties caused by any violation of rental guidelines.

I/we request the use of the UAW Local 974 Pavilion for the above-indicated date. I/we have read, understand and fully intend to abide with all provisions set forth in the Pavilion Rental Guidelines.

Name: _____ Date: _____

Name: _____ Date: _____

Witness: _____ Date: _____

Approved by: _____ Date: _____

NOTE: In securing Dram Shop Insurance, we encourage you to talk to your agent about a rider policy on your homeowner's policy.

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FOR OFFICE USE ONLY:

Date Deposit Paid: _____ Receipt #: _____ Date Deposit Refd: _____ Check # _____

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