

RESERVATION FORM

City of Coopersville Parks



Vet's Memorial Park Pavilion – 254 West Randall Street
DDA Pavilion – 301 Main Street (behind Main Street Businesses)
Pocket Park Pavilion – 320 Main Street

Return completed form with \$ 50.00 Deposit to:
City of Coopersville – City Hall
289 Danforth Street Coopersville MI 49404
Phone: (616) 997-9731

PLEASE NOTE:

- Outside gatherings are limited to 100 individuals or less (per current state orders) and social distancing needs to be maintained
- The parks/pavilions are not cleaned or sanitized regularly
- Bathrooms at Vet's Park Pavilion will be cleaned prior to a scheduled reservation and a key for the bathrooms is available at City Hall

Date of Application: _____

Park Requesting: _____

Date and Time Requesting Park Use: _____

Applicant Name: _____

Business or Organization Name:
(If applicable) _____

Complete Mailing Address: _____

Contact Name: _____

Phone Number: _____

Will Park be used for: Public Event **or** Private Event (circle one) *

Type of Activities Occurring: _____

Estimated Number of Attendees: _____

***PUBLIC EVENTS WILL BE REQUIRED TO SUBMIT A CITY OF COOPERSVILLE SPECIAL EVENTS PERMIT APPLICATION – Due 30 Days Prior to Event & Required to Hold Reservation Date**

Individual Park Details:

Vet's Memorial Park Pavilion – 254 West Randall Street – available for use: 15 Picnic Tables, Bathrooms, Trash Cans, Electric, Water

- NO DRIVING ON THE GRASS ALLOWED
- Use available parking on the backside of the park
- Absolutely NO parking in the lot in front of the "Re-Find Shoppe"

- The bathroom doors are locked and the key can be picked up at City Hall Monday-Thursday 8: am to 5:30 pm. The key must be returned to City Hall the following business day – in office or in the drop box
- Date Key Picked Up _____ Date Key Returned _____
- ALSO SEE GENERAL CITY PARK GUIDELINES

Applicant has read and understands the rules and restrictions for Vet’s Park Pavilion. Initials _____

DDA Pavilion – 301 Main Street – available for use: 12 Picnic Tables, Trash Cans, Electric, Downtown Bathrooms Available **NO BATHROOMS AVAILABLE 2020**

- SEE GENERAL CITY PARK GUIDELINES (Below)

Pocket Park Pavilion with Water Feature – 320 Main Street – 1 Picnic Table (additional 2 available for fee of \$ 30.00), Trash Cans, Electric, Downtown Bathrooms Available. See attached map for parking and bathroom locations **NO BATHROOMS AVAILABLE 2020**

- Pocket Park Water Feature – Available 10 a.m. to 9 p.m.
- Applicant may request the water feature to be On or Off
- No Bikes or Skateboards
- No personal picnic tables, tents, or canopies
- No staking of anything allowed
- Map attached for parking directions and bathroom locations
- ALSO SEE GENERAL CITY PARK GUIDELINES (below)

Applicant has read and understands the rules and restrictions for Pocket Park Pavilion. Initials _____

GENERAL CITY PARK GUIDELINES:

- Park Hours are from 8 a.m. to 10 p.m.
- Pick up any trash and containers when leaving the park and be sure to dispose of all trash properly
- Restroom usage must be monitored, and the restrooms left in good condition
- No alcoholic beverages or illegal substances permitted
- No fighting, threatening, or harming of persons or property, violent behavior, offensive gestures, or unreasonable noise will be tolerated
- No fireworks allowed
- If picnic tables are moved to accommodate the event, they must be replaced to the original locations
- If assistance is needed or vandalism/destruction has occurred, please call the Ottawa County Sheriff’s Department immediately at 911

Applicant has read and understands the GENERAL CITY PARK GUIDELINES. Initials _____

Deposit for Park Pavilion Use - \$ 50.00

Deposit Received Date: _____ Deposit Returned Date: _____

Is Applicant City Resident: YES OR NO

- City residents (within City Limits) will receive \$50.00 refund
- Non-city residents will only receive \$25.00 refund

Deposits will not be returned unless park and facilities are clean (and key is returned, Vet’s Park Pavilion only)

If More Than \$ 50.00 Of Damage Occurs, The City Will Hold Applicant Individual and Organization Responsible.

Signature _____ Date _____