



2024 Park Request Form

Veteran's Park
859 Pike St, Sadieville KY 40370

MAIN CONTACT (must be at least 21 years old)		
First & Last Name		Today's Date
Address		Cell Phone
City	State	Zip
Type of Party (Reunion, Birthday, Business Use)		
Expected Attendance		Email

AREA TO RESERVE:	Pavilion _____	Pavilion & Splashpad _____
DATE _____	TIME _____	
(must be hour increments)		
(Splashpad can only be reserved on Sat & Sun from 6pm - 8pm, Memorial Day through Labor Day)		

INSTRUCTIONS

- Review park rules before submitting form.
- Form must be received no less than 10 days before reservation date.
- Forms are processed on a first-come, first-serve basis. No date is confirmed until form is approved.
- Submit form by - EMAIL cityhall@sadievilleky.gov
DROP OFF Sadieville City Hall, 605 Pike St, Sadieville KY 40370
(Not recommended) US Mail Sadieville City Hall, PO Box 129, Sadieville KY 40370
- Questions? Contact us at (502)857-4576 or cityhall@sadievilleky.gov
(Monday - Thursday, 8am-5pm)

PRICING - RESIDENTS		<i>(PLEASE CIRCLE AMOUNT)</i>	
Pavilion Only	\$25 plus a \$25 refundable deposit	Total	\$50
Pavilion & Splash Pad	\$75 plus a \$25 refundable deposit	Total	\$100
PRICING - NON RESIDENTS			
Pavilion Only	\$50 plus a \$25 refundable deposit	Total	\$75
Pavilion & Splash Pad	\$125 plus a \$25 refundable deposit	Total	\$150

WAYS TO PAY		(Payments are due within 48 hours of request approval)	
<input type="checkbox"/>	CASH	(Drop off to city clerk)	<input type="checkbox"/> CREDIT CARD
<input type="checkbox"/>	CHECK	(Made payable to City of Sadieville)	<input type="checkbox"/> Email link to pay
			<input type="checkbox"/> Text Link to pay

PROOF OF RESIDENCY ATTACHED	<input type="checkbox"/>	Drivers License
	<input type="checkbox"/>	Utility Bill

AGREEMENTS

I have read, understood, and agree to comply with all procedures and rules for the sites requested. I further certify that I am 21 years of age and have a Sadieville mailing address.

The LESSEE shall indemnify, save harmless, and exempt the SADIEVILLE PARKS & REC DEPT AND THE CITY OF SADIEVILLE, its officers, agents, servants, and employees from and against any and all suit functions, legal proceedings, claims, demands, cost expenses, and attorney fees incident to any work done in the performance of this agreement or arising out of the operation of this franchise. Upon receipt of notice of any suit claim against the SADIEVILLE PARKS & REC OR THE CITY OF SADIEVILLE, the LESSEE shall immediately commence the defense thereof on behalf of the SADIEVILLE PARKS & REC AND THE CITY OF SADIEVILLE.

LESSEE: **PRINT NAME** _____

SIGNATURE _____ **DATE** _____

**** Please Do Not Write Below This Line** OFFICE USE ONLY **Sadieville Parks & Rec**

Request			
<input type="checkbox"/>	Approved	Signature _____	Date _____
<input type="checkbox"/>	Denied	Signature _____	Date _____
Approval of Deposit Return			
<input type="checkbox"/>	Approved	Signature _____	Date _____
<input type="checkbox"/>	Denied	Signature _____	Date _____
Denial Reason:		_____	

Deposit Return Processed			
Initials _____		Date _____	
Return by	<input type="checkbox"/>	Check	
	<input type="checkbox"/>	Credit Card	