

fall reservation
or Shimer
Workshop



DEPARTMENT OF HUMAN & NEIGHBORHOOD RESOURCES
DIVISION OF RECREATION & PARKS

2013 W. 3rd St.
263-8400

PERMIT FOR USE
LEISURE SERVICE SYSTEM

Name/Location of Facility Burkhardt Center

Name of Applicant Leslie K. Hyll Sponsoring Organization Miami Valley Folk Dance

Address 1059 Wilmington Ave. # 9 City Dayton Zip 45420

Proposed Use of Facility Folk dance Workshop

Date of Activity Nov 12, Sat. 1988 Time 8:30 A.M. 11:00 P.M.

Anticipated Attendance 90 Applicant's Phone No. h 293-1104
w 254-3503

Facilities Required:

Restrooms <input checked="" type="checkbox"/>	Kitchen <input checked="" type="checkbox"/>
Shelter(s) _____	Number of Picnic Tables _____
Electricity _____	Grill(s) _____ Bleacher(s) <input checked="" type="checkbox"/> <u>in Gym</u>
Pool _____	If yes, for what purpose? _____
Community Center <input checked="" type="checkbox"/>	Gymnasium <input checked="" type="checkbox"/> <u>to dance in</u>
<u>multi purpose room to eat in.</u> <input checked="" type="checkbox"/>	Tables <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/>

Will tents, concessions, etc., be erected? no If yes, how many, and what type?

Other Information: We will dance in Gym morning, afternoon, evening;
Serve dinner in multipurpose room, evening.

Applicant hereby agrees to be responsible for repairing damage to the park or center and its facilities, including landscaping, which may arise out of the proposed activity at the chosen park or center. Applicant does agree to hold the City of Dayton free and clear from any and all liabilities, whether to persons or property, as the result of negligence on the part of said individual or organization, or the acts of any of its employees or agents or anyone visiting the park or center upon the invitation of said applicant.

Applicant further agrees to adhere to all park and center rules which have been adopted by the City of Dayton.

Leslie K. Hyll 28 Mar 19
Signature of Applicant Date

NOTE: Payment must be made 10 days in advance to guarantee use of facility.

174081

DEPARTMENT OF HEALTH & RECREATION SERVICES
CITY OF WASHINGTON

Full reservation
of Shiner
for 10
months

309

\$290. ⁶⁵/₂₁

14.5 hrs. @ 20. - per hour

To: Peggy Barris

Date: _____
Signature of Applicant: _____
Signature of Official: _____