

CITY OF MARINE ON ST. CROIX
BOX 250
MARINE ON ST. CROIX, MN 55047
651-433-3636

NAME OF PARK _____

CONTACT PERSON: _____

GROUP: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

DATE OF EVENT: _____

TIME OF EVENT: _____

Restrictions:

- The \$200 damage deposit is to insure that the park is clean and has no damages when the event is over.
- No alcoholic beverages or bonfires are allowed in the park.
- Groups must remove all of their trash.
- Satellites are required for groups of 50 or more.
- If food is to be sold, a permit is required from Washington County Public Health Department.
- Park Hours: 9:00am – 9:00pm.

_____ FEE PAID (\$100)

_____ SATELLITES

_____ DEPOSIT PAID (\$200)

_____ PERMIT FOR FOOD

As the applicant for this event, I agree to assume full responsibility for the conduct of the group and any damages to the property during the time the park is being used under this agreement.

Applicant's Signature

Date _____

