

**SUTTONS BAY TOWNSHIP
PARKS AND RECREATION
USE REQUEST**

Date of request _____

Organization Information

Contact Name _____ Contact Phone _____

Organization Name _____

Address _____

Facility

_____ **Herman Park**

_____ Tennis court(s) (how many) _____

_____ Disc golf course

_____ Soccer field(s) (how many) _____

_____ Other- specify _____

_____ **Steimel Park**

_____ **Graham Greene Park**

_____ **Ice Rink Park**

_____ **Other-specify** _____

Event Information

Type of use _____ # of people _____

Date(s) _____ Time(s) _____

Insurance coverage

Must provide proof of insurance naming Suttons Bay Township Board of Trustees as additionally insured.

Insurance company name _____

Contact name and phone _____

Certification

I have read and agree to abide by the Suttons Bay Township Parks Ordinance.

Signed _____ Print name _____ Date _____

Complete this form and return it with proof of insurance to -

Suttons Bay Township
95 West Fourth Street
P.O. Box 457
Suttons Bay, MI 49682

This form and proof of insurance must be received by Suttons Bay Township by the first Monday of the month before the activity.

Questions?
Call 231-271-2722
sbtwp@suttonsbaytwp.com