



**City of Three Forks**  
**PO Box 187**  
**Three Forks, MT 59752**  
**Phone/Fax (406) 285-3431**



## Park & Recreational Facility Reservation Application

- Reservation requests must be made at least five (5) working days prior to the reservation date.
- Please allow at least one (1) day for approval.

<b>General Information by the Responsible Party</b>	
Event Type:	
Park Facility Requested:	
Date(s) Requested:	
Event Time <small>(please account for setup, take down and clean up time)</small>	
Number of People Anticipated:	
Responsible Party / Primary Contact:	
Phone Number:	
Mailing Address:	
Email Address:	
<b>General Application Questions</b>	<b>Yes / No</b>
Will a tent, canopy, inflatable* or temporary structure be used?	
Will a sound system be used? <small>No amplified sound before 12PM and after 9PM.</small>	
Will paint be used to designate/direct traffic and/or pedestrian flows? <small>Only water-based turf paint may used on any turf. Chalk shall be used on any impervious surfaces like sidewalks or asphalt.</small>	

**\*Inflatable structures and structures that shall bear weight of more than a canopy require liability insurance held by the applicant, and naming the City of Three Forks as an additional insured.**

### **Additional information must be provided for public assembly or specified user groups, as defined:**

“Public Assembly” is defined as a variety of gatherings exceeding 75 people.

“User Groups” are defined as any group or organization that is given use of a park for an extended period of time through this reservation process.

Public Assemblies and User Groups may be required to obtain insurance and name the City of Three Forks as an additional insured.

<b>User Group Application Questions</b>	<b>Yes / No</b>
Will fees be charged for admission to your event?	
Will food/beverages be sold at your event?	
Will portable toilets be provided? <small>(City's toilet facilities may not be able to accommodate large events. Mayor may require additional portables to be provided by the applicant.)</small>	

## Liability Insurance

Group shall secure and maintain liability coverage in an amount not less than \$1,500,000.00 per occurrence and must name the City as an additional insured. The insurance must be in place and the responsible party shall provide proof to the City prior to the commencement of the use covered by this agreement or the use will not commence as scheduled.

Send copy to or Email to: [cturner@threforksmontana.us](mailto:cturner@threforksmontana.us) or [ksmith@threforksmontana.us](mailto:ksmith@threforksmontana.us)

The responsible party shall protect, defend, indemnify and hold the City, its elected and appointed officials, agents and employees harmless from and against all claims, liabilities, demands, causes of action, and judgments arising in favor or asserted by the responsible party on account of damage to property, bodily injury, or death arising out of any services performed, act or omission that in any way results from the acts or omissions of responsible party, except the negligence of the City under this application. The responsible party shall all be responsible for the repair and/or replacement of any equipment and/or property in the event of any damage caused by the responsible party or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, affiliate organizational members, or associates, during the course of the responsible party's facility usage. Any additional information by the responsible party may be provided here: \_\_\_\_\_

I certify the information on this application is true to the best of my knowledge.

\_\_\_\_\_  
Responsible Party (Applicant) Signature

\_\_\_\_\_  
Date

Reservation FEE: \$ \_\_\_\_\_ (See Fee Schedule)

Mayor Comments/Responses	
Address Sound System	
Address Paint/Traffic Flows as Needed	
Address Garbage Handling, Food Handling, or Business Licenses if Needed	
Address Portable Toilet (The City's toilet facilities may not be able to accommodate large events. The Mayor may require additional portable toilets to be provided by the applicant.)	
Address Charges/Admission Fee to Event	

### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_ User Type: Non-profit / Group/Assembly / One-time / Seasonal

Insurance Certificate Provided if Required? Y / N

Fees Paid? Y / N

Granted? Yes / No by: \_\_\_\_\_ on \_\_\_\_\_

Additional comments and/or requirements by Mayor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_