



City of Mitchellville

PO Box 817
204 Center Avenue N
Mitchellville, IA 50169-0817
(515) 967-2935
Fax (515) 967-2631

MITCHELLVILLE PARK SHELTER RENTAL

Name of Responsible Individual: _____

Address: _____

Telephone Number: _____ Date of Rental: _____

Large: ½ Day (less than 6 hours) \$25 _____ Full Day \$35 _____ Time: _____ To _____

Small: ½ Day (less than 6 hours) \$20 _____ Full Day \$30 _____ Time: _____ To _____

We/I, _____ agree to abide by the rules for the Mitchellville Park as established by the Mitchellville Park and Recreation Commission and agree to compensate the City of Mitchellville for any damage to the shelter house caused by the above described use.

We also agree to indemnify the City of Mitchellville, its official and employees, against, and hold harmless from all claims, actions, suits, proceeding, costs, expenses, damage and liabilities, including attorney fees, arising out of, connected with, or resulting from the use of the shelter house in the date and time indicated above.

Individual or Organization

Signature

Payment type and amount: _____