

# PARK FACILITIES RESERVATION FORM



1896 North 1800 West  
Farr West, UT 84404  
Phone – (801)731-4187  
Fax – (801) 731-7732

Name or Organization: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Proposed Use of Facilities: \_\_\_\_\_

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<u>FEE SCHEDULE</u>	Farr West City Resident	Non-Resident
	\$20.00	\$30.00

Park (Circle One):

**MOUNTAIN VIEW PARK** – 1500 North 1700 West

**FARR WEST PARK** – 2090 North 2000 West

\*FW park only – Will you need a water key? (\$10 deposit) YES/NO

Pick-up Date: \_\_\_\_\_

**CIVIC CENTER PARK** – 1896 North 1800 West

**3300 NORTH PARK** – 2565 West 3300 North

**NORTH SMITH FAMILY BOWERY** – 2441 W 4000 N (Closest to the parking lot)

**SOUTH SMITH FAMILY BOWERY** – 2441 W 4000 N (Closest to the playground, in the middle)

**SMITH FAMILY POND BOWERY** – 2441 W 4000 N (Smaller bowery, Closest to the pond)

Dates and Times of Use: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

*I acknowledge I am responsible for any damages to city property incurred during my event, and will be billed accordingly for repairs. I also acknowledge FWC will not be liable for personal injuries occurring during my event.*

Signature of responsible party: \_\_\_\_\_ Date: \_\_\_\_\_

**HOSES & EXTENSION CORDS WILL NOT BE PROVIDED BY THE CITY. PLEASE PLAN ACCORDINGLY.**

**OFFICE USE ONLY**

Park Use Fee Required \$ \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_ CASH/CHECK/CC