

## Tillicum House Community Center Reservation Form

(Maximum Occupancy 75)

Requested date for event:	Day of Week:	No. of People:
Day Use ___ Night Use ___ Full Day Use ___	Description of Event:	
Hours: Start _____ End _____	<i>Staff will be onsite for Check in and Check out</i>	
Alcohol Served? Yes No	If yes, a banquet permit must be obtained. Permit Number _____	
I have reviewed the Procedures and Rules for use of the Tillicum House at Pioneer Park.	Initialed By:	Date:
Name of Person Responsible for rental, deposit, rules/regulations:		Over 21 Years Of Age? Y__ N__
Address:		Phone Number:
Organization (if applicable)		

Type of Use	Hours	Fee
Day Use	8:00am – 4:00pm	\$100
Night Use	4:30pm – 10:00pm	\$150
Full Day Use	8:00am – 10:00pm	\$200
Damage Deposit for non alcoholic rentals:		\$100 separate check
Events serving alcohol deposit requirement:		\$200 separate check

I have received a copy of the Ferndale Heritage Society's Procedures and Rules for use of the Tillicum House and do hereby promise to obey all said rules and regulations. I agree to indemnify, release and hold harmless The Ferndale Heritage Society, the City of Ferndale, all of its officers, property, which result from, arise out of or are in any way, directly or indirectly, connected with the use of this building or park facilities, or that may be the result of or related in any way to any negligence or other acts or omissions of the Ferndale Heritage Society, the City of Ferndale, its officers, agents and employees. I am agreeing to these terms on behalf of, and they are binding on me, my family and my heirs, beneficiaries, personal representatives and estate. The undersigned agrees to be on the Tillicum House premises during the entire sponsored event and agrees to be personally responsible for any damages to the premises that are not covered by the damage deposit. Failure to follow rules and cleaning requirements may result in forfeiture of partial or complete damage deposit (this includes remaining on the premises after check-out time).

Signature of Applicant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mail application to: Ferndale Heritage Society, P.O. Box 3127, Ferndale, WA 98248

Questions? Call Heritage Society/Pioneer Park at (360) 384-6461

*Email: park@ferndaleheritagesociety.com*

For Office Use Only				
Rental Fee Paid:	Yes No	Amount: \$	Check No.:	Receipt No.:
Damage Deposit Paid:	Yes No	Amount: \$	Check No.:	Receipt No.:
Less Than Three Weeks Notice?		Cash	Money Order	Check No.:
				Police Notified? Date:
After Inspection Conducted	Date:	Time:	By Whom:	
Condition:	Satisfactory	Unsatisfactory		
Comments:				
Date Deposit Returned:	(within 5 bus. days?)	Y N	F.H.S. Check No.	Amount: \$