

*SUPERVISOR*  
Catherine "Kay" Starostovic

*CLERK*  
Judy Martini



**GRANT TOWNSHIP**  
*Est. 1850*

*TRUSTEES*  
Robert Hamm  
Robert "Bob" Selle  
Tom Lippert  
Karen Fischer

**Grant Township Center Recreation Area Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Type of Event: \_\_\_\_\_ # of People: \_\_\_\_\_

Rental Date: \_\_\_\_\_ Area to be used: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Please note the hours of operation are sunrise to sunset. The park must be vacated by sunset.

**Please submit this form with the \$50.00 Security Deposit to reserve your date. Your date will not be held until the reservation form and deposit are received. Payments of rental fee of \$50.00 for Grant Township residents and \$75.00 for non-residents are due 14 days prior to the date of your event.**

I hereby request the use of the Grant Township Center Recreation Area on the date and time above, for the purpose stated. I acknowledge receipt of the rules governing the use of the Grant Township Center Recreation Area. I indemnify and hold the Township of Grant harmless for any damages, losses or costs (including Attorney's fees) that may arise from my use of the Grant Township Center Recreation Area.

Applicant Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

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**OFFICE USE**

Date Deposit Received: \_\_\_\_\_ By: \_\_\_\_\_

Date Fee Received: \_\_\_\_\_ By: \_\_\_\_\_