CITY OF CENTERVILLE

Summer Concert Series Activity Request

PLEASE PRINT

Date _____

Name of Organization_____Name of Organizer _____

Address_____City_____Zip_____

Home Phone_____ Cell Phone_____ Fax _____

Email Address _____Website_____

Date(s) and Time(s) of Request _____

Description of Activity/Materials_____

_____

_____

The Organization/Organizer agrees to hold the City (including its duly elected and appointed officials) harmless from any claims, demands, judgments, costs and expenses (including attorneys fees) for injury, illness, death of any person or property damage resulting from the organization's use of the premises.

I agree to take full responsibility for my actions and of my organization and to abide by all City of Centerville rules, regulations, and ordinances.

_____

Applicant's Signature Date

If you will be distributing literature, please attach a copy of flyer with your request.
Return request to: Kristen P. Gopman, Assistant to the City Manager, 100 W. Spring Valley Road, Centerville, OH 45458, Phone: (937) 433-7151, Fax: (937) 435-8720, kgopman@ci.centerville.oh.us

FOR CITY USE ONLY

____ Approved
____ Denied

_____ Comments:
Assistant to the City Manager

_____
Date

____ Approved
____ Denied

_____ Comments:
City Manager

_____
Date