

Rogers Park Rental Application

Please submit completed application along with a Park rental fee of \$25.00 (make checks or money orders payable to Madison County).

Name of Organization/Individual Community Health Advisor Network

Type of Event Health Walk Event Date 4-30-16

Request: Front of Park Back of Park (C (Select One Please))

Start Time 8:30 Am End Time 10:30 Am

Contact Name Savannah Fleming Cell phone # 601-942-1178

Contact Address (street, city, zip) P.O. Box 94 Sharon, MS

Alternate Contact _____ Alternate Cell # _____

RULES AND REGULATIONS:

1. Reservations must be made in the Board of Supervisor's office
2. Reservations should be made one month in advance
3. The grounds must be cleaned after the event to the satisfaction of Madison County
4. Use of grounds shall be prohibited after 11:00 p.m.
5. No smoking, alcoholic beverages or dances will be allowed. Any activity which would possibly damage the grounds or equipment is prohibited
6. Any damages will be the responsibility of the reserving party
7. Indemnification that the county will be held harmless under all conditions

Is Electrical power needed? Yes _____ No (\$50.00 additional utility charge)

Will portable toilets be used? Yes No _____ (\$100.00 per day additional fee)
If so, Call McGraw "Gotta Go" Portable Toilets; Phone- 601.879.3969

_____ I understand I am responsible for the portable toilets (initial please)

No charge non-profit

I have received a copy of the rules and regulations that govern the use of Madison County, Rogers Park. Your signature below verifies that the information provided in the application is accurate and complete and that you understand and agree to comply with the rules, conditions and regulations contained in this rental application.

Signature: Savannah Fleming Date 4-1-16

*For additional information please call 601-855-5500



Rogers Park Rental Application

Please submit completed application along with a Park rental fee of \$25.00 (make checks or money orders payable to Madison County).

Name of Organization/Individual MONICA Henderson

Type of Event FAMILY Reunion Event Date 7/16/2016

Request: Front of Park Back of Park (C (Select One Please))

Start Time 11 Am End Time 7 Pm

Contact Name Monica Henderson Cell phone # 601-260-8053

Contact Address(street,city,zip) 124 Marshonda CIR, Canton, MS 39046

Alternate Contact DOROTHY NICHOLS Alternate Cell # 601-667-5027

RULES AND REGULATIONS:

1. Reservations must be made in the Board of Supervisor's office
2. Reservations should be made one month in advance
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4. Use of grounds shall be prohibited after 11:00 p.m.
5. No smoking, alcoholic beverages or dances will be allowed. Any activity which would possibly damage the grounds or equipment is prohibited
6. Any damages will be the responsibility of the reserving party
7. Indemnification that the county will be held harmless under all conditions

Is Electrical power needed? Yes No (\$50.00 additional utility charge)

Will portable toilets be used? Yes No (\$100.00 per day additional fee)

If so, Call McGraw "Gotta Go" Portable Toilets; Phone- 601.879.3969

_____ I understand I am responsible for the portable toilets (initial please)

I have received a copy of the rules and regulations that govern the use of Madison County, Rogers Park. Your signature below verifies that the information provided in the application is accurate and complete and that you understand and agree to comply with the rules, conditions and regulations contained in this rental application.

Signature: Monica Henderson Date 4/4/16

*For additional information please call 601-855-5500



RECEIPT

DATE 04/04/2016No. 697644RECEIVED FROM Monica Henderson\$ 25.00

DOLLARS

 FOR RENT Rogers Park
 FOR _____

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY
ORDER CREDIT
CARDFROM 11am TO 7pmBY Clara Latiker

Rogers Park Rental Application

Please submit completed application along with a Park rental fee of \$25.00 (make checks or money orders payable to Madison County).

Name of Organization/Individual Madison County (MS) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Type of Event Chapter Picnic Event Date 6/4/16

Request: Front of Park Back of Park (C (Select One Please))

Start Time 1:00 pm End Time 4:00 pm

Contact Name Carol Warfield (1) Cell phone # 601-497-8058
Keila Brown (2) Cell phone # 601-672-6880

Contact Address (street, city, zip) PO Box 699 Madison, MS 39130

Alternate Contact Katrina Myrick Alternate Cell # 601-940-3262

RULES AND REGULATIONS:

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5. No smoking, alcoholic beverages or dances will be allowed. Any activity which would possibly damage the grounds or equipment is prohibited
6. Any damages will be the responsibility of the reserving party
7. Indemnification that the county will be held harmless under all conditions

Is Electrical power needed? Yes No (\$50.00 additional utility charge)

Will portable toilets be used? Yes No (\$100.00 per day additional fee)
If so, Call McGraw "Gotta Go" Portable Toilets; Phone- 601.879.3969

KB I understand I am responsible for the portable toilets (initial please)

I have received a copy of the rules and regulations that govern the use of Madison County, Rogers Park. Your signature below verifies that the information provided in the application is accurate and complete and that you understand and agree to comply with the rules, conditions and regulations contained in this rental application.

Signature: Keila Brown / Katrina Myrick Date 4/5/14

*For additional information please call 601-855-5500

MADISON COUNTY (MS) ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.

2419

85-194/653

DATE 4/5/16

CHECK ARMOR

PAY TO THE ORDER OF Madison County Superintendents

Security fees paid 4/1/16

\$ 75⁰⁰

DOLLARS

Security Features Details on Back.

BankPlus
It's more than a name. It's a promise.

OR paper rental

Kristy Renee Betters Billings

[Redacted signature area]