City of Clearwater
605 CR 75 NW
Clearwater, MN, 55320
Phone: 320-558-2428
www.clearwatercitymn.gov

ELDORADO PARK FIELD RENTAL AGREEMENT

ADDRESS: 800 Kelsey Ave NW, Clearwater, MN 55320

Fees & Payment Terms

Field Reservation – Single Date

- **Rental Fees (Resident or Non-resident):** $35.00/day rental fee (includes tax)

Field Reservation – Per Season

- **Resident Fees:** $75.00 seasonal rental fee (includes tax)
- **Non-Resident Fees:** $100.00 seasonal rental fee (includes tax)

Reservations: Rental fee is required to reserve the date.
Cancellations: A minimum of 14 days' notice is required. Failure to cancel within this timeframe will result in forfeiture of the rental fee.

To make a payment by check or credit card, call 320-558-2428.

Rental Information

Event Date: _____ **Time:** _____

Resident of the City of Clearwater: ☐ Yes ☐ No

Responsible Party: _____

Address: _____

_____

Phone #: _____

Email: _____

RULES AND REGULATIONS

- The person requesting the rental is fully responsible for the conduct of all participants and for any damage to any public facilities in the park. The renter is responsible for all repair costs.
- You must be 21 years of age to rent.
- Place litter in dumpsters or waste receptacles provided.
- No camping is allowed.
- No glass containers allowed in the park area.
- Park hours open 7:00 A.M. to 11:00 P.M.
- No firearms or explosives allowed (includes firecrackers and BB guns).
- Applies to field only – all other amenities are open to the public.

I hereby certify that I have read and understand the park rules and regulations.

_____ _____

Signature **Date**

Please submit completed forms and payments to City Hall:
Email to kgramsey@clearwatercitymn.gov or astrohschein@clearwatercitymn.gov
Mail to PO Box 9, Clearwater, MN 55320 or
In person at 605 CR 75 NW, Clearwater MN 55320 or drop box in rear parking lot

OFFICE USE ONLY

PAYMENT RECEIVED

Date Paid: _____ / _____ / _____ **Paid by:** ☐ Check # _____ ☐ CC ☐ Cash

Amount Paid: $ _____ **Payment Received By:** _____

Rental Fee:

☐ **Single Date $35.00** ☐ **Resident Season $75.00** ☐ **Non-Resident Season $100.00**

Refund Amount: _____

Date Returned: _____

Check Number: _____