



# Town of Mount Gilead

## Stanback Park

### PAVILION RENTAL APPLICATION

**APPLICATION INFORMATION**      DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

STATE & ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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**\$50 fee - Town residents      \$100 fee - residents outside the Town limits**

Pavilion Requested (large or small): \_\_\_\_\_

Date Requested: \_\_\_\_\_

One half of the fee will be refunded by office process after pavilion, restrooms, and grounds are determined to be free of trash and damage.

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**Alcohol, drugs and weapons are NOT permitted on Stanback Park grounds at ANY time.**

Indemnity Agreement - Each party or person using Stanback Park facilities in the Town of Mount Gilead acknowledges and agrees that neither Town of Mount Gilead nor its agents and employees shall be responsible for any expenses, losses, damages, claims, lawsuits, or liabilities that are in any way caused by or result from the use of the town property authorized by the permit. Additionally, each party or person using the town facility described in this application acknowledges and agrees that each such party or person is jointly and individually responsible for any and all expenses of, cost of defense, losses to, damages or claims made against the Town of Mount Gilead, their agents and employees that are in any way caused by or result from the use of the town property under this permit.

APPLICANT'S SIGNATURE: \_\_\_\_\_

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# **STANBACK PARK RULES**

Renter \_\_\_\_\_ Date \_\_\_\_\_

**I agree to abide by the following rules. A violation of any park rule, by any guest in my party, will result in forfeiture of my deposit and possible eviction from the premises.**

\_\_\_\_\_ **Park closes at 9pm.**

\_\_\_\_\_ **No alcohol allowed.**

\_\_\_\_\_ **No loud or offensive music.**

\_\_\_\_\_ **No drugs allowed.**

\_\_\_\_\_ **No weapons allowed.**

\_\_\_\_\_ **No bouncy houses without prior permission from town hall.**

**To receive your refund of deposit you must:**

\_\_\_\_\_ **Dispose of all litter and trash.**

\_\_\_\_\_ **Flush toilets, clear bathroom of litter.**

\_\_\_\_\_ **Call 910-571-7107 and request the officer on duty to inspect the property for cleanliness and damage. No call, no refund.**

**Video surveillance in use.**

**Park patrolled by police.**





# Town of Mount Gilead

## Stanback Park

### PAVILION USE PERMIT

#### PAVILION

LARGE

OR

SMALL

RESERVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Summer Hours: 7am – 9pm

#### Restrooms:

- Toilet Tissue is provided.
- Air Dryers for handwashing provided.

**Please do not flush any feminine products or paper except tissue provided.**

#### Garbage:

- Please bag your garbage and place in blue receptacle.
- Garbage bags are not provided.

#### Inspection:

To be eligible for a refund of one half of the rental fee, at the end of your rental, you **must** call 910-571-7107, request an officer, who will inspect the pavilion, restrooms, and grounds for trash and damage.



# Town of Mount Gilead

## Stanback Park

### PAVILION POST RENTAL INSPECTION SHEET

#### PAVILION

LARGE

OR

SMALL

RESERVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Please inspect for trash and damage and note your findings.

PAVILION

RESTROOMS

GROUNDS

OFFICER'S SIGNATURE: \_\_\_\_\_

DATE AND TIME OF INSPECTION: \_\_\_\_\_