



Raiford Street Park

Picnic Shelter Rental Form

Use of Raiford Street Park shall be governed by the following guidelines:

- Any individual or group may reserve the park area and restrooms at \$10 for less than 4 hours and \$20 for more than 4 hours with an additional \$25 Park Damage Deposit. Said deposit shall be refunded by mail if the picnic /park area are cleaned up by the users and it shall not be necessary for the Town of Selma to clean up said areas following the rental date.
- Full payment is required to reserve the below date.
- Dates are reserved on a first-come first-served basis. The Town of Selma Receipt and this form serves as proof of your rental and should be kept with you on the day of your event. Should an occupancy dispute arise, call Selma Police at 919-965-8189.
- Any group or individual renting Raiford Street Park shall at no time charge admission for entrance on the grounds of Raiford Street Park.
- In no case shall any event last longer than dusk on Monday through Sunday.
- All reservations of the picnic area and rental of Raiford Street Park shall be made at least one week in advance of the time-said reservation or rental is desired.
- No group or organizations shall be able to reserve Raiford Street Park and its facilities for more than two consecutive days.
- At its discretion, the Town of Selma, may require that a group or individual renting Raiford Street Park provide quality security personnel for the time-said is rented.
- In no case shall anyone park on the grass at Raiford Street Park, if damage is done to the landscaping, or property, the party listed below is held responsible.
- Alcohol and illicit drugs are not permitted on the premises.

The responsible party, by his/her signature below, has read and agrees to the Town of Selma Park Rules, and further agrees to hold harmless, defend and indemnify the Town of Selma, its Mayor and Council Members, and any of its employees from any/all claims, lawsuits, damages, defense, or other costs resulting from use of the Raiford Street Park.

Renter's Name _____ Name of Organization (if applicable) _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Home

Cell

Date (s) of Use _____ Time _____ a.m. /p.m. until _____ a.m. /p.m. Proposed Use _____

Signature of Renter (must be 18+ years old)

Date

For Office Use Only

Total Amount Due _____ Receipt # _____

Date Keys Picked Up _____

Date Deposit Fee Paid _____ Staff Initials _____

Date Keys Returned _____

Date Park Rental Fee Paid _____ Staff Initials _____

Date Park Damage Deposit Refunded _____ Staff Initials _____