

CITY OF SHAWNEE SHELTER HOUSE REQUEST

NAME _____ PHONE (C) _____ (H) _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL _____

GROUP/ORGANIZATION _____

PURPOSE OF RESERVATION _____

GUEST COUNT _____

RESERVATION REQUEST

DATE _____

☐ 8 a.m. – 2 p.m.

☐ 3 p.m. – 9 p.m.

☐ 8 a.m. – 9 p.m. (Full Day)

		Seating Capacity	Shelter Size	Resident Fees		Non Resident Fee	
				Half Day	Full Day	Half Day	Full Day
	Erfurt Pavilion	64	Large	\$60	\$120	\$120	\$240
	Erfurt Pavilion Fireplace Permit			\$5		\$10	
	Erfurt Play Shelter	32	Medium	\$30	\$60	\$60	\$120
	Garrett Pavilion	48	Large	\$60	\$120	\$120	\$240
	Garrett Family Shelter	30	Medium	\$30	\$60	\$60	\$120
	Gum Springs Shelter 1	32	Medium	\$30	\$60	\$60	\$120
	Gum Springs Shelter 2	32	Medium	\$30	\$60	\$60	\$120
	Herman Laird	32	Medium	\$30	\$60	\$60	\$120
	Listowel Shelter 1	32	Medium	\$30	\$60	\$60	\$120
	Listowel Shelter 2 (Gazebo)	24	Medium	\$30	\$60	\$60	\$120
	Monticello Springs Shelter 1	32	Medium	\$30	\$60	\$60	\$120
	Monticello Springs Shelter 2	24	Medium	\$30	\$60	\$60	\$120
	Pflumm/Bichelmeyer Shelter 1	24	Medium	\$30	\$60	\$60	\$120
	Pflumm/Bichelmeyer Shelter 2	8	Small	\$10	\$20	\$20	\$40
	Quivira Glenn	32	Medium	\$30	\$60	\$60	\$120
	Sister Cities	48	Medium	\$30	\$60	\$60	\$120
	Swarnar Park Shelter 1 (South)	48	Medium	\$30	\$60	\$60	\$120
	Water Tower	16	Small	\$10	\$20	\$20	\$40
	West Flanders Shelter 1	32	Medium	\$30	\$60	\$60	\$120
	West Flanders Shelter 2	48	Medium	\$30	\$60	\$60	\$120
	Wilder Bluff Pavilion	64	Large	\$60	\$120	\$120	\$240
	Wilder Bluff Pavilion Fireplace Permit			\$5		\$10	

The undersigned agrees that this permit is issued with the express understanding that it can be suspended or revoked by the City if the permittee engages in misconduct or fails to clean and police the area adjacent to the shelter or park area that they are reserving. Failure to leave the area clean will result in discontinuation of the use of the facility. The City of Shawnee does not discriminate against any person on the basis of race, color, national origin, age or handicap in the operation of any programs, activity or facility.

SIGNATURE OF APPLICANT _____

DATE _____

