Town of Tryon
301 North Trade Street
Tryon, NC 28782
Phone: (828) 859-6654 FAX: (828) 859-6653

ROGERS PARK/AMPHITHEATRE APPLICATION

Date of Event:_____ Time of Event:_____

Type of Event:_____

Name:_____ Phone: _____

Full Street Address:_____

Full Mailing Address:_____

Describe The Activity:_____

Is this Event ☐ Public ☐ Private Estimated Attendance: _____

Will admission be charged for this event? ☐ Yes ☐ No

WILL THERE BE CONSUMPTION OF ALCOHOL AT THIS EVENT? ☐ Yes ☐ No
(IF YES, YOU WILL NEED TO FILL OUT AN ALCOHOL PERMIT AND PAY $50.00 PERMIT FEE.)

Terms

- A refundable deposit of $100.00 for private events and $250 for public events is required.
- NON REFUNDABLE FEES: $150.00 for Tryon Town Residents (within city limits)
  $250.00 for non-residents
- Rogers Park receives 10% of any charged admission to events.
- For public events, the applicant must provide portable restrooms.
- The applicant is responsible for cleaning up after the activity.

I WARRANT THAT THE ABOVE INFORMATION FURNISHED IS TRUE AND COMPLETE.

I UNDERSTAND THAT **THE RENTAL FEE FOR THE PARK AND CLEANING DEPOSIT IS DUE THE DAY OF THIS APPLICATION**. I ALSO UNDERSTAND THAT **I WILL BE RESPONSIBLE FOR ANY DAMAGES THAT MAY OCCUR DURING THE ABOVE DATE AND TIME PERIOD OF RENTAL**.

I AGREE THAT **I WILL LEAVE THE PARK AS FOUND WHEN I ARRIVED**.
(ALL TRASH SHOULD BE PLACED IN THE CONTAINERS. PORTABLE TRASH CANS ARE TO BE PLACED NEAR THE PORT-A-JOHNS.)

I UNDERSTAND THAT **MY CLEANING DEPOSIT WILL BE FORFEITED IF THE PARK IS NOT LEFT AS FOUND WHEN I ARRIVED AND/OR KEYS NOT RETURNED** (if applicable).

Applicant Signature:_____ Date:_____

Make checks payable to: Town of Tryon.
(If mailing payment, send check with this completed form to:
Town of Tryon, 301 North Trade Street, Tryon, NC 28782, Attn: Rogers Park Reservation)

----------Section Below To Be Completed by Town of Tryon Representative----------

Town Approval: □ Yes □ No Date: _____

Town Manager or Town Clerk Signature _____
Deposit Received: Amount _____ Date _____ Payment Received: Amount _____ Date _____
Refund Cleaning Deposit □ Yes □ No Date Refunded:_____