



MIAMI COUNTY PARK DISTRICT

2645 E. St. Rt. 41 Troy, Ohio 45373
(937) 335-6273
Fax (937) 335-6221
www.miamicountyparks.com
"Protecting Nature Today & Tomorrow"

Special Use Permit

<i>For use by Park Staff only</i>	
Date request rec'd _____	Request taken by _____
<input type="checkbox"/> In County resident	<input type="checkbox"/> Out-Of-County
<input type="checkbox"/> Non Refundable Fee \$ _____	Date rec'd _____

Date of Use _____ Day of Week _____ Arrive At _____^{a.m.}/_{p.m.} Depart At _____^{a.m.}/_{p.m.}
 Person Requesting Permit _____ For Group _____
 Address _____ City/State _____ Zip _____
 Phone _____ Cell Phone _____ E-Mail _____
 Number In Group _____ Age Range Of Group _____ Number Of Adult Leaders _____

FACILITY TO BE USED:

- Charleston Falls** Boardwalk Below Falls Area Above Falls Picnic Area Trails Tower Cave Goldenrod Hexagon
 Cedar Pond Area Barn Conference Room Other _____
- Stillwater Prairie** Main Picnic Area Overlook Picnic Area Stillwater Pond Prairie Overlook Pond Trails River
 Rangeline Road access Big Blue Stem Shelter Other _____
- Garbry Big Woods** Bur Oak Shelter Sugar Maple Shelter Buckeye Shelter Reserve Trails Creek Crossing Pond
 Lost Creek Picnic Area Sanctuary Picnic Area Sanctuary Trail Other _____
- Lost Creek Reserve** Board Room Cemetery Cabin Other _____
- Bikeway (Great Miami River Rec Trail)** 202 Dye Mill Farrington _____
- F.L. Blankenship Riverside Sanctuary** _____ **Goode Prairie** _____
- Farrington Reserve** _____
- Greenville Falls** North South _____
- Hobart Urban Nature Preserve** _____
- Honey Creek Preserve** _____
- John A. Wannemacher Nature Reserve** _____
- Maple Ridge Reserve** Sugar Maple Bldg _____
- Twin Arch Reserve** _____
- Other** _____

ACTIVITY PLANNED:

Wedding-Bride's Name _____ Groom's Name _____
 Wedding walk thru date _____ Time _____^{a.m.}/_{p.m.} Location _____
 Transportation assistance for disabled to/from wedding. # of persons _____
 Program Title _____ Given by _____ Lunch on site
 Other (Specify) _____

EQUIPMENT NEEDED: (to be completed by Park Staff for program information only)

Picnic tables # needed _____ Gator time: _____^{a.m.}/_{p.m.} to _____^{a.m.}/_{p.m.} Radio Trash/Recycle containers
 Folding tables # needed _____ Chairs # needed _____ Power Point
 Other(Specify) _____

In using this Miami County Park District, _____ agrees to hold harmless and indemnify Miami County Park District, its appointed officials, officers, employees and volunteers from any claims that may arise out of the use of the provided space/facility except for claims which may arise as a result of the negligence of Miami County Park District or an existing defect.

Signature of person requesting permit: _____ Date: _____

*Make check payable to Miami County Park District

Please sign and return the yellow copy with any applicable non-refundable fee. Thank you.

Distribution: White - Permittee; Yellow - Park; Pink - Office

Updated 04-12