



**Dellwood Recreation Center**  
**10266 W. Florissant Ave.**  
**St. Louis, MO 63136**  
**Phone: (314) 869-8686 Fax: (314) 869-3728**  
**www.cityofdellwoodmo.com**

**PARK PAVILION/BALL FIELD RENTAL AGREEMENT**

Today's Date:  Date of Requested Reservation:

Type of Activity

Expected Number of Attendees  Time of Event:  Departure Time:

Contact Person:  Home Phone:  Business Phone:

Contact Address:  City:  State:  Zip:

**I have read the facility rules and rental polices and will see that my group follows them. I realize that failure to folly the facility rules may result in expulsion and payment of damages to the City of Dellwood. I also understand that the City of Dellwood will not be held responsible for any accidents or injuries occurring to any members of the group while using the facilities.**

Date:  Signature of Responsible Party:  *(Please type in name for signature)*

**Facilities: Please write number of hours desired and equipment needed. Staff will fill in charge amount.**

AL NICOLAI PAVILION: 1641 Atmore Dr.

BON OAK PAVILION: 1750 Crown Pointe Dr.

DELLWOOD PAVILION: 10179 W Florissant Ave.

*(No Pavilion Parking Allowed)*

Ball Field #1:  Ball Field #2:  Permit #:

Date:  Signature of Recreation Staff:  *(Please type in name for signature)*

---

**For Office Use Only** Resident  Non-Resident   
 Total Rental Fee \$  Paid On  Security Deposit \$  Paid On

Form of Payment (Circle): Cash/Check/Money Order/Credit Card/ Type \_\_\_\_\_ last 4 # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Date: \_\_\_\_\_ Director's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_