



CITY OF NEW CASTLE
City Building
230 N. Jefferson Street
New Castle, Pennsylvania 16101-2220

Contact the City Administrator's Office for available dates and reservations at (724)656-3510.

RIVERWALK PARK
RULES AND REGULATIONS

1. FEES:

- a. \$225.00 non-refundable fee from 11:00 a.m. to 3:00 p.m. or 4:00 p.m. to 9:00 p.m.
- b. \$75.00 non-refundable fee per hour.
- c. \$400.00 non-refundable fee per day from 11:00 a.m. to 9:00 p.m. from Memorial Day to Labor Day.
- d. \$400.00 non-refundable fee per day from 11:00 a.m. to dusk from Labor Day to Memorial Day.
- e. \$150.00 deposit for cleanup, to be refunded after inspection by the City. Cleanup shall be completed within two (2) hours of the close of the event.

2. POLICY:

- a. No fixtures that require anchoring.
- b. Only tents with sandbag anchors allowed.
- c. No alcoholic beverages.
- d. No cooking.
- e. No sports activities.
- f. No persons, animals or objects allowed in the fountain.
- g. No pets.
- h. Tenant is responsible to supply all security for the event.
- i. At the discretion of the City Solicitor's Office, tenant must provide a certificate of liability insurance naming the City of New Castle as an additional insured. Amount of insurance will be determined based on the event.
- j. Access to the Park will be provided two (2) hours prior to the start of the event for set-up purposes.

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RENTAL APPLICATION

Responsible Party:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-Mail: _____

Organization: _____

Date & Time: _____

Rental Charge Due: \$ _____

Deposit Due: \$ 150.00

Total Amount Due: \$

I agree that myself and all my guests will abide by the rules and regulations of the City of New Castle as summarized in the "Rules and Regulations Information Sheet" received at the time of this application. I further agree to indemnify and hold harmless the City of New Castle, its employees, agents and representatives from any and all liability/lawsuits arising from the use of the facilities.

Signature of Responsible Party

Date

This section to be completed by the Parks and Recreation Department only!

Received by: _____

Date: _____

Amount Received: \$ _____

Check No.: _____

Deposit Refunded: ☐ Yes. If Yes, Date Returned: _____

☐ No. If No, Reason for Denial: _____

PLEASE SIGN ORIGINAL AND RETURN WITH PAYMENTS