

City Bldg. - City Administrator's Office
230 North Jefferson Street
New Castle, PA 16101-2220
724.656.3510

Contact the City Administrator's Office for available Reservation Dates at 724.656.3510

CASCADE PARK
PARK & PICNIC SHELTER RULES and REGULATIONS

1. September 30 – March 31
 - a. Sunday through Saturday
 - b. The Park is open from 7am to 6pm
2. April 1 – September 29
 - a. Sunday through Saturday
 - b. The Park is open from 7am to 11pm
3. Alcoholic Beverages are **PROHIBITED** without an approved Alcohol Beverage Permission Letter, included below.
4. You may not have access to the rented Picnic shelter until two hours before the time of rental unless you have authorization from the Park Director's Office (see below).
5. You are responsible for returning the facility to the same condition as prior to rental.
6. If Picnic tables have been moved, they must be returned to their original position.
7. No staples/nails are to be used in decorating.
8. Questions?
 - a. Day of Your Event, contact Park Director's Office at 724.856.2121
 - b. In general, contact the City Administrator's Office at 724.656.3510

PICNIC SHELTERS

Responsible Party:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-MAIL: _____
(vital)

Date: _____ Time: _____ to _____

Shelter No(s). _____ at: ☐ Cascade Park ☐ Gaston Park

Reservation Fees:

Cascade Park

\$52 SMALL Shelters (up to 30 people)

- Shelter 1 – *Not Available*
- Shelter 5
- Shelter 6
- Shelter 7
- Shelter 8

\$78 LARGE Shelters (above 50 people)

- Shelter 2
- Shelter 3
- Shelter 4
- Shelter 9

Gaston Park

\$52 SMALL Shelter

- Shelter 2

\$78 LARGE Shelter

- Shelter 1

Total Amount Due: \$ _____ by _____

Bring the completed form above along with **FULL PAYMENT** to City Hall, Grant Street Entrance, and we will book your event. RECEIPT will be E-mailed to you.

By my signature, I am stating that I have read, understand, and agree to the above conditions.

Signature of Responsible Party: _____

date _____

ALCOHOL BEVERAGE PERMISSION LETTER

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Please let this correspondence confirm that your request for permission to serve and consume alcoholic beverages at your event on ____/____/____ is approved conditioned on the following:

1. You must provide, at your expense, certified security personnel or other law enforcement officer for the entire Event.
2. Alcoholic beverages must always remain inside the building/shelter.
3. Alcoholic beverages shall not be served to any minor or to any visibly intoxicated person.
4. You must abide by all federal, state, and local laws, rules, and regulations relative to the service and consumption of alcoholic beverages at the Event.
5. You assume full responsibility for the Event and agree to indemnify and hold harmless the City of New Castle, its elected officials, appointed officials, officers, employees, agents, representatives, contractors, subcontractors and/or servants ("Releasees"), from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by any person or entity or to any property belonging to any person or entity, whether caused by the negligence of the Releasees, or otherwise, while in, on or upon the ("Facilities") and any premises used in connection with the Facilities, for or in connection with the Event.

Although it need not be displayed, this letter must be available at the Facility for the duration of the Event.

Chris Frye, Jr.
City Administrator

Date

THE SERVICE AND/OR CONSUMPTION OF ALCOHOLIC BEVERAGES AT THE FACILITY AND FOR THE EVENT SHALL BE CONSIDERED YOUR ACCEPTANCE OF THE ABOVE TERMS AND CONDITIONS AND OF ANY OTHER TERM AND CONDITION SET FORTH IN YOUR RENTAL AGREEMENT OR DOCUMENT FOR THE FACILITY AND EVENT.