



**Huber Park Amphitheater and Shelter Request Form**

**Shakopee Parks and Recreation**  
1255 Fuller Street, Shakopee, MN 55379  
Phone# (952) 233-9500 Fax# (952) 233-3831  
[www.ShakopeeMN.gov](http://www.ShakopeeMN.gov) or [sdvorak@ShakopeeMN.gov](mailto:sdvorak@ShakopeeMN.gov)

OFFICE USE ONLY  
Date/ Time Rec'd \_\_\_\_\_  
Staff Initials \_\_\_\_\_  
Date Processed \_\_\_\_\_ Staff Initials \_\_\_\_\_  
Permit or Booking # \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_ Tax Exempt: Yes (submit ST3) No Tax ID # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Main Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Reservation Information**

Event Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Event Type/Description: \_\_\_\_\_ # Attending: \_\_\_\_\_  
Total Rental Hours: \_\_\_\_\_ x \$115/hr OR \$500/8 hr 'all day' rate non-taxable Rental Amount = \_\_\_\_\_  
(2 hr minimum)  
Sound System:  Yes  No \$75 plus 8.375% tax = \$81.28 Equipment Rate = \_\_\_\_\_  
Chairs (up to 65)  Yes  No \$75 plus 8.375% tax = \$81.28 Equipment Rate = \_\_\_\_\_  
Total Fee= \_\_\_\_\_

Full payment and \$100 refundable damage deposit due at the time of reservation.  
Damage deposits will be returned after successful completed rentals within 21 working days or be applied to any balance.

**Special Use Permit and/or Insurance Requirements ( Initials Required)**

A Special Event Permit and/or additional insurance may be required if you are planning an event with ANY of the following:  
 Yes  No Jump House/Dunk Tank  Yes  No Entertainment  Yes  No Alcohol or food sales  
 Yes  No Amplified Music  Yes  No Charging entry fee\*  Yes  No Staking of tents/shelters  
 Other (Car Show, Pets Show, Community 5K, etc.)\* Please specify: \_\_\_\_\_

Initials Required  
\_\_\_\_\_ **My event will not include any of the activities listed above.**  
\_\_\_\_\_ I would like to apply for a Special Use Permit. Please contact Sherry Dvorak at 952-233-9509 or [sdvorak@ShakopeeMN.gov](mailto:sdvorak@ShakopeeMN.gov)  
\_\_\_\_\_ I will provide insurance for my special use permitted event. The "City of Shakopee" is to be named as an add'l insured.  
\_\_\_\_\_ \*Special Permit Fee Request

**General Use-(specify amenities to be utilized)**

\_\_\_\_\_ Amphitheater/Stage \_\_\_\_\_ Park Shelter \_\_\_\_\_ Stair sections (2) for stage-free

**Agreement – Signature Required**

As lawful consideration for being permitted to use the Parks and Recreation facility listed above, I agree that the City of Shakopee shall be held harmless and exempt from liability for any injury or disability which I or the participants of the rental listed above might incur as the result of use of the facility listed above due to the passive or active negligence of the City, agents or employees. This release of liability of the City of Shakopee, does not include any injuries that I or other participants of the rental listed above incur as the result of willful, wanton or intentional misconduct by the City of Shakopee, its agents, employees elected officials or volunteers. This agreement is specifically binding upon my spouse, heirs and assigns and the spouses, heirs and assigns of the participants of the rental listed above.  
With my signature, I verify I have read and understand the rules and regulation for facility/park us.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Payment Information**

Rental Fee \$ \_\_\_\_\_ + Equipment Fee (taxable) \_\_\_\_\_ + Deposit Fee \$100 = Total Fee \$ \_\_\_\_\_  
 Cash  Check # \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Approval \_\_\_\_\_  
Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ 3 Digit Security Code \_\_\_\_\_