

GLACIER VIEW PARK – APPLICATION FOR USE

Town of Eatonville
209 Fir Ave N / P.O. Box 309
Eatonville, WA 98328
360-832-3361

Organization/Agency/Business: _____

Person in Charge: Daniela Lopez _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Type of Activity: Graduation Brunch **Live Entertainment if yes, kind:** _____

Will Alcohol be served: Yes No , you will be required to get a banquet permit

Date Requested: 06/14/2026 **Time Requested:** 8am _____ am/pm TO 9pm _____ am/pm

Estimated Group Size: 100 **Open to the public:** Yes No

Kitchen Use: Yes No **Bathroom Use:** Yes No **Stage Use:** Yes No

The Town of Eatonville, its employees, appointed or elected persons, shall not be held liable for injuries or loss or destruction of property resulting from the use of the premises or facilities. Applicant agrees to defend, indemnify and save harmless the Town, it's appointed and elective officers and employees from and against all lost and expense including but not limited to judgment, settlements, attorney's fees and costs by reason of personal or bodily injury including death at any time resulting there from sustained by any person or persons and in account of damage to or loss of property, including loss of use thereof arising out of or in consequence of the performance of the stated activity; as a result of the negligence of persons other than the Town of Eatonville. Applicant is responsible for the supervision and control of group or individuals to prevent injury and ensure safety, as well as all aspects of use, including payment of fees and charges, damage to equipment, property, or grounds, which may be incurred. I understand that all Town of Eatonville ordinances apply to this rental application. I acknowledge that I have reviewed the information on both sides of this form. I understand that reserving the park does not reserve sole access to the open spaces at the park. Open space is open to the public during normal park hours. Kitchen rentals reserve sole access to the covered area during rental.

NAME: Dania Lopez _____

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Town of Eatonville
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Organization/Agency/Business: Eatonville Senior Surprise 20

Person in Charge: Miranda DOLL

Phone Number: _____

Email Address: _____

Mailing Address: _____

Type of Activity: BBQ Live Entertainment if yes, kind: NO

Will Alcohol be served: Yes ___ No , you will be required to get a banquet permit

Date Requested: 6/11/20 Time Requested: 3:00 am/pm TO 5:00 am/pm

Estimated Group Size: 100+ Open to the public: Yes ___ No ___

Kitchen Use: Yes No ___ Bathroom Use: Yes No ___ Stage Use: Yes ___ No

The Town of Eatonville, its employees, appointed or elected persons, shall not be held liable for injuries or loss or destruction of property resulting from the use of the premises or facilities. Applicant agrees to defend, indemnify and save harmless the Town, it's appointed and elective officers and employees from and against all lost and expense including but not limited to judgment, settlements, attorney's fees and costs by reason of personal or bodily injury including death at any time resulting there from sustained by any person or persons and in account of damage to or loss of property, including loss of use thereof arising out of or in consequence of the performance of the stated activity; as a result of the negligence of persons other than the Town of Eatonville. Applicant is responsible for the supervision and control of group or individuals to prevent injury and ensure safety, as well as all aspects of use, including payment of fees and charges, damage to equipment, property, or grounds, which may be incurred. I understand that all Town of Eatonville ordinances apply to this rental application. I acknowledge that I have reviewed the information on both sides of this form. I understand that reserving the park does not reserve sole access to the open spaces at the park. Open space is open to the public during normal park hours. Kitchen rentals reserve sole access to the covered area during rental.

NAME: Miranda DOLL

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Town of Eatonville
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Organization/Agency/Business: NA

Person in Charge: Makayla Miles

Phone Number: _____

Email Address: _____

Mailing Address: _____

Type of Activity: 3rd Birthday Live Entertainment if yes, kind: NA

Will Alcohol be served: Yes ___ No X, you will be required to get a banquet permit

Date Requested: June 7, 2026 **Time Requested:** 12pm am/pm TO 3pm am/pm

Estimated Group Size: 30 people **Open to the public:** Yes ___ No X

Kitchen Use: Yes ___ No X **Bathroom Use:** Yes X No ___ **Stage Use:** Yes ___ No X

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NAME: Makayla Miles