



CITY OF GLOBE ARIZONA

RECREATION KEY RELEASE FORM

DATE: _____

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DATE/TIME OF EVENT: _____

I _____ request the use of a City of Globe recreation
(Print name)

key for the duration of the event listed above. I understand that this recreation key is the property of the City of Globe, and that I am responsible for its return to the Besh Ba Gowah Museum or the key drop box located at the City of Globe Community Center Park within (24) hours of the date of the above listed event. I understand and agree that if I, the responsible individual, fails to return the recreation key, the City of Globe reserves the right to deem me, the responsible individual, ineligible for future City of Globe recreational facility reservations, including facility and utility rentals and use of recreation keys indefinitely.

I understand and agree that if I, the responsible individual, fail to return the recreation key, the City of Globe has the right to bill me in the amount of (\$50.00) as a penalty for failing to meet the terms of this agreement.

By signing below, I understand and agree to the terms of the recreation key release form.

(Signature of responsible individual) (Date)

FOR INTERNAL USE ONLY

Recreation Water Key Color: RED GREEN BLUE PURPLE ORANGE YELLOW

Concession Key Number: #1 #3 #4

Property released by: _____
(Signature of Staff) (Date)

Property returned: YES NO _____
(If Yes, date returned)

Received by: _____
(Signature of Staff) (Date)

Comments: _____