

City of Whitefish Parks and Recreation Department Whitefish Trail Learning Pavilion Use Application



The WT Learning Pavilion is located a half mile from the Lion Mtn. Trailhead and the site offers a base for environmental educational programs for the community. The facility offers 900 square feet of covered space, ten picnic tables, ADA access, and the Pavilion is surrounded by miles of the Whitefish Trail. The Pavilion was designed to accommodate 50 – 60 people.

All events must be non-commercial and educational. Use of the WT Pavilion is FREE.

DAY/DATE REQUESTED:	TIME:	
Name:	Organization:	
Phone Number:		
Address:	City:	State: Zip:
Description of the event:		
Anticipated attendance: _	ADA Access Request:	
 POLICIES AND REGULATIONS: The WT Learning Pavilion is for educationa No scheduled events on Saturdays and Sure Groups are asked to bus, carpool or bike to The Pavilion is located in a non-motorized Users are asked to stay at the WT Pavilion, Users are encouraged to use the restroom No campfires, alcohol, overnight use, shoce No trash receptacles exist at the Pavilion. Only persons 18 years and up may reserve It is the responsibility of the applicant to p In the event of an emergency, call 911. I hereby certify that I have read and understangular further agree to hold the City of Whitefish, Deggoverning board, the individual members thered damage, liability cost or expense that may arise	ndays from June through August to allow to the Lion Mountain TH to minimize parkin area, although special requests can be man an facilities at the trailhead as there are no repting, or amplified sound at or near the Parking, or amplified sound all trash. The parking of the policies and regulations regarding the partment of Natural Resources and Conserved and all officers, agents and employees	ng at the trailhead. de for ADA access to the Pavilion. and on the developed WT network. estroom facilities at the Pavilion. vilion. during an event. de use of WT Learning Pavilion. I rvation, Whitefish Legacy Partners, its free and harmless of any loss,
Applicants signature:		Date:
Return completed application	on to Whitefish Legacy Partners at inf	o@whitefishlegacy.org

Education Approved: _____ Date Available: _____ ADA Access: ____ WLP Approval: ____ City Approval: _