



**Oxford Township Parks & Recreation**  
**2795 Seymour Lake Rd.**  
**Oxford, MI 48371**

**Office M-F 9am-5pm- (248) 628-1720 Nights & Weekends- (248) 969-2032**

<i>Office Use Only</i>	
Taken by: _____	Date: _____
Date of Reservation: _____	
Rental Fee Paid: _____	

**STONY LAKE PARK PAVILION APPLICATION & PERMIT**

Name of Group/Party: \_\_\_\_\_

Resident/Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Function: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Pavilion Requested: \_\_\_\_\_ Number of users: \_\_\_\_\_

<b>PAVILION</b>	<b>FEES</b>	<b>CAPACITY</b>
Albertson Pavilion	\$60 res/\$85 non	30
Martin Pavilion	\$60 res/\$85 non	30
Brabb Pavilion	\$100 res/\$125 non	120
Gazebo	\$75 res/\$100 non	15

**ALCOHOL PROHIBITED IN ALL OXFORD TOWNSHIP PARKS**

The undersigned further understands that failure to comply with all agreements herein stated or falsification of any information called for in this application will be grounds for denial of this or any future permits.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Park Ranger: Please indicate condition of park: Clean ____ yes ____ no	
Damage ____ yes ____ no	Remarks: _____
Signed: _____	Date: _____

- Office Copy (original)       Park Supervisor (copy)       Applicant (copy)



The Oxford Parks and Recreation Commission will provide the necessary reasonable auxiliary aids and services for individuals with disabilities. Please contact the Parks and Recreation Office at (248) 628-1720 as soon as possible to allow Parks and Recreation sufficient time to have the reasonable aids and services available.