

# CITY OF MEDFORD

## CENTRAL AVENUE BANNER APPLICATION



PLAYMEDFORD.COM

### ORGANIZATION INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone/Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Agent \_\_\_\_\_

### EVENT DETAILS

Name \_\_\_\_\_  
Date(s) \_\_\_\_\_

### INSTALLATION

Date Requested \_\_\_\_\_ Date Approved \_\_\_\_\_

### REMOVAL

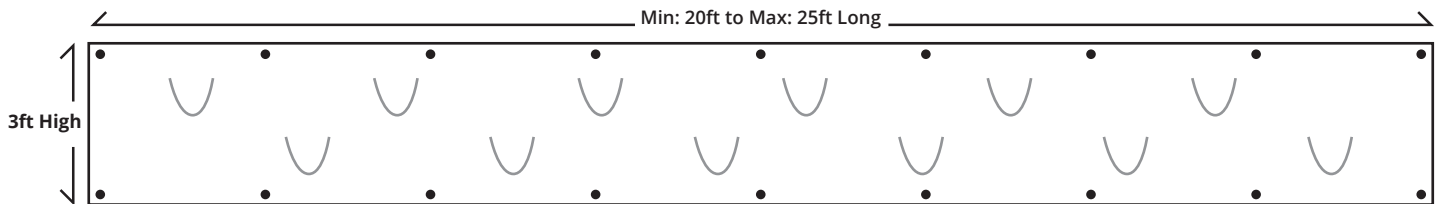
Date Requested \_\_\_\_\_ Date Approved \_\_\_\_\_

### INSTALLATION/REMOVAL FEES\*

One week: \$200.00 \_\_\_\_ Two weeks: \$350.00 \_\_\_\_

*\*Fees are to be paid in full at the time of application.*

### CENTRAL AVENUE BANNER SPECIFICATIONS



**Grommets:** Spaced evenly,  
approximately 3 feet apart

**Wind Slits:** Minimum of 12  
slits Approx. 8" high x 8" Wide

**Note:** Do not  
reinforce corners

*Turn over for more information*



**MEDFORD**  
PARKS, RECREATION AND FACILITIES



# CENTRAL AVENUE BANNER APPLICATION

Please initial each of the following. I hereby certify that the banner mentioned in this application meets the following criteria:

- \_\_\_\_\_ A) 34 - 36 inches high; no less than 34 inches high
- \_\_\_\_\_ B) 20 - 25 feet wide; no less than 20 feet wide
- \_\_\_\_\_ C) Hemmed
- \_\_\_\_\_ D) Grommets on all four corners at 3 foot intervals along the top and bottom
- \_\_\_\_\_ E) Minimum of twelve, 8 inch wind slits

I further agree to:

- \_\_\_\_\_ Deliver the banner(s) to the Santo Community Center between 8am-5pm the Thursday before the scheduled date
- \_\_\_\_\_ Pick up the banner(s) within 14 days after take down. AGENCY is not responsible for banners after 14 days

## WAIVER, INDEMNIFY, DEFEND AND HOLD HARMLESS

Applicant waives any and all claims against AGENCY and the City of Medford for damages to the banner(s). Applicant further agrees to hold harmless, defend and indemnify AGENCY, the City, their employees, agents and representatives from any claims for damages from any cause whatsoever, now and in the future, arising out of the storage, installation, display and removal of its banners.

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment may be made by Visa, Mastercard or check but must be made in full with application. Checks payable to City of Medford Parks and Recreation Department. If you have questions you may contact [sandi.sherman@cityofmedford.org](mailto:sandi.sherman@cityofmedford.org) or 541-774-2405.

### OFFICE USE ONLY

Date Submitted: \_\_\_\_\_ Application Approved: \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_

Date Banner Received: \_\_\_\_\_ Called to Pick Up: \_\_\_\_\_

701 N. COLUMBUS AVE. | MEDFORD, OR 97501 | 541.774.2400 | [PLAYMEDFORD.COM](http://PLAYMEDFORD.COM) | [PARKS@CITYOFMEDFORD.COM](mailto:PARKS@CITYOFMEDFORD.COM)



**MEDFORD**  
PARKS, RECREATION AND FACILITIES

