

CITY PARK – RESERVATION APPLICATION

DATE OF APPLICATION: _____

NAME: _____

ADDRESS: _____

PHONE NO: _____

LIQUOR PERMIT: _____

ACTIVITY: _____

SHELTER NO: _____

DATE: _____

NUMBER OF PARTICIPANTS: _____

**No parking at the pavilions.
Can drop off articles only.
THANK YOU**

SIGNATURE OF RESPONSIBLE ADULT:
