



# RESERVATION



Downloaded from Website

- MEMORIAL CENTER
- CIVIC CENTER
- LEGACY PARK
- GAZEBO VILLAGE GREEN
- ROBINSON SPRINGS PARK

DATE(S) NEEDED: \_\_\_\_\_ TIME(S) NEEDED: \_\_\_\_\_

TYPE OF FUNCTION: \_\_\_\_\_ NUMBER EXPECTED: \_\_\_\_\_

FACILITY SET UP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

KITCHEN USE: ( ) YES ( ) NO

NAME OF GROUP OR INDIVIDUAL REQUESTING RESERVATION: \_\_\_\_\_

CONTACT: \_\_\_\_\_  
Name Address Phone

The above named organization and the adult(s) whose signature appears below assumes full responsibility for all property and fixtures within the confines of the City-owned facility during the entire reserved time. Any and all damages occurring during the time applied for by the above individual or group will be paid for to the extent that the facility will be placed in the same order as it was prior to use by the above named group or individual. All rental fees must be paid in advance of use. If there is a cancellation or change of date, the fee is not refundable nor transferable unless a week's notice is provided.

\_\_\_\_\_  
Individual or group representative

### RENTAL FEES:

Large Meeting Room	\$ _____	Total Fees: \$ _____	Received By: _____
Small Meeting Room	\$ _____	Paid: \$ _____	Check(s): # \$ _____
Dining	\$ _____	Date: _____	Cash: \$ _____
Kitchen	\$ _____	Balance Due: \$ _____	Received By: _____
PA System	\$ _____	Paid: \$ _____	
Security Deposit	\$ _____	Date: _____	

Cancelled By: \_\_\_\_\_ Date: \_\_\_\_\_

Refund Fee Paid: Amt. \$ \_\_\_\_\_

Refund Request Received By: \_\_\_\_\_ Date: \_\_\_\_\_