

Pavilion Reservation Request

I would like to reserve the pavilion for this date and time _____

I have read and will abide by all rules set forth above. A representative will contact you to verify requested reservation.

Print Name of Responsible Party _____ Date _____

Signature of Responsible Party _____

Address _____

Phone Number Home _____ Cell _____

Donation Amount _____ Form of payment _____

Received by: _____ Date _____