

PARK SHELTER RESERVATION

Reserved By:

Organization:

Address:

_____ Phone: (Night) _____

Email Address: _____

Park Shelter Requested: Walker Park Truman Glick Union

Date of Reservation: _____

Time: _____

Special Needs: _____

Confirmation Verbal Letter Date Sent: _____

Comments:

Copy to: White: Park Maintenance Yellow: Park Caretaker Pink: Parks File