

Received on/by:

Date, initials



RENTAL FORM FOR

VETERANS MEMORIAL PARK & THE "TRIANGLE"

Name of Event: _____

Date of Event: _____

Times of Event: _____

Contact Name: _____

Address: _____

Phone #: _____

Email: _____

RENTAL FEES

Under four (4) Hours:

City/District Resident: \$50

Non-Resident:\$100

Over four (4) Hours

City/District Resident:\$100

Non-Resident:\$200

Deposit \$ 50.00

The deposit fee will be refunded if the area is adequately cleaned up.

METHOD OF PAYMENT Cash Check Check# _____

Below For Office Use Only

APPROVED By: _____ **Date Issued** _____