



MINOR EVENT RESERVATION APPLICATION 76-250 PEOPLE

Contact: _____ # in Attendance: _____

Address: _____ City _____ State _____ Zip _____

Business Name: _____

Business Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Email: _____

Event Name: _____

Event Date: _____ Hours of Event: _____

Event Location/Facility: _____

Contact for Event: _____ Cell Phone: _____

(must be on-site during event)

Will Field Lighting be needed? Yes No

Will Security be provided? Yes No

Have you seen the above mentioned Location/Facility? Yes No

Facilities to be used: (check all that apply)

Shelter Athletic Fields Field Lights Restrooms Other

Brief Description of event: _____

One half of total estimated fee and the security deposit, if requested, is due at the time of reservation with the balance due 14 days prior to the event.

I understand that all decision on field playing conditions will be made by Greenville County Recreation District personnel. I also understand that Greenville County Recreation District staff has complete authority to close down any facility/event.

I have read and do understand the terms and conditions of this reservation, and do hereby agree, on behalf of the sponsor of this event, that all persons participating in this event shall adhere to and abide by all applicable rules and regulations.

Signature: _____ Date: _____

OFFICE USE

Application Fee \$ _____ Security Deposit \$ _____ Charges \$ _____ Total \$ _____

Charges: Cash _____ Money Order _____ Check _____ # _____ Credit Card _____ (#: _____ Exp. ____/____ Type: _____)

Site Plan Attached: Yes No

Staff Name: _____ Staff Signature: _____

