

Reservations for Atlantic Park Facilities

Date: _____

Shelter (Circle One): Camblin Shelter Kiddie Korral East Shelter
 Rotary Shelter Cedar Park City Park
 Schildberg East Shelter Other: _____

Organization or Group Name Applying: _____

Reservation Date: _____

Hours of Reservation (circle one): \$20: 8am-2pm \$20: 3pm-9pm \$35: All Day

Day of Week: _____

Purpose of Reservation: _____

Contact Person: _____ Phone: _____

Email Address: _____

Attending: _____ Approved By: _____

Special Requests:

Cash_____ Check#_____ Credit Card_____ Exempt_____

PAID DATE: _____