

CITY OF MAYSVILLE
AMPHITHEATER RENTAL FORM
4 HOMER STREET
MAYSVILLE, GEORGIA 30558
706-652-2274

Please sign below. Mark payment information and return this form with your payment before the due date. There will be a \$50.00 deposit which will be refunded to you, once it is cleaned.

Name: _____ Group Name: _____

Contact Person: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Date Requested: _____ Amphitheater Fee: \$200.00

Deposit: \$50.00 Type of Event: _____

Time of Event: _____ (Event must be over by 11:00 p.m.)

Check # _____ Money Order # _____ Cash Receipt # _____

Payment is due upon reservation rental request. Date Rental Fee Paid: _____

Deposits are refunded after the area is inspected for damage and cleanliness.

I have received a copy of the Maysville City Park reservation rental procedures.

I agree to the guidelines stated.

Signature: _____ Date: _____

MCP Received on _____