

**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: \_\_\_\_\_