

CITY OF MAYSVILLE
MAYSVILLE CITY PARK PAVILION 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 \$25.00 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: _____

Pavilion #1 _____ Pavilion #2 _____ Date Requested _____

Time: 9:00 a.m. to 12:00 noon _____ 1:00 p.m. to 4:00 p.m. _____ 5:00 p.m. to 8:00 p.m. _____

All Day: 9:00 a.m. to 8:00 p.m. _____

Check # _____ Money Order # _____ Cash Receipt # _____ Credit Card _____

Date rental fee paid: _____

Payment is due upon reservation rental request

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

I agree to the guidelines stated.

Signature: _____

Date: _____