## **Park Usage Request Form**

Responsibl	le Party Name:	Rank/Status
Phone?	,	Date of Event:
Date Paid:	Number of Attende	ees: Park Requested
Event Type	e: Official or Non-Official:	<u> </u>
		am responsible for the following:
	CC Must initial	each line for official functions
Park/Facility will not be reserved until fees are paid in full.		
	Conduct of all personnel at the event.	
	Pets must me kept on a leash.	
	-	its. All fires will be extinguished and coals dumped into the
coal bin and grills cleaned prior to leaving park All trash must be removed and placed into dumpsters.		
Private Organizations are not authorized to sell or serve alcoholic beverages.  Alcohol will not be present at this function.		
Resp	onsible Party Printed Name	Date
Кезр	onsible Faity Fillited Name	Date
Responsible Party Signature		Outdoor Recreation Employee
		Approved / Disapproved
		Director / Assistant Director, Outdoor Recreation 412th Force Support Squadron