Memorial Station

Date Booked: _____

Reservation Request Form

Contact Name: _____ Email: _____

Best Phone #: _____

Secondary Contact Name: _____ Relationship to Contact: _____

Best Phone #: _____

Organization/Group (if applicable): _____

Address: _____

City/State/Zip: _____

Event Description: _____ Estimated Attendance: _____

Day: _____ Start Time*: _____

Date: _____ End Time*: _____

Security Time (required with alcohol): _____

Extras: ❑ TV/Projector ❑ Patio ❑ Microphone
❑ Security ❑ Celebration Center

General Facility Policies and Procedures:

- The facility may be reserved up to 18 months in advance.
- A $300 down payment is required at the time of reservation, which will be applied to your final payment.
- A $250 damage deposit is due 21 days prior to your event. The deposit will be held until the end of your event and returned based on the results of the final facility walk through. Damage deposit must be made with a credit card or check only.
- You must have a completed reservation request form and deposit to reserve a date.
- Final payment and complete paperwork are due 21 days prior to your event. Failure to do so may result in the cancellation of the reservation.
- The Park Department will not allow the use of the facility for individuals or groups who charge an admission for attendance or sell an item or product on the premises without the approval of the Belton Park Board.
- Facility reservation time must include set-up and clean-up time. An additional $125 per 15 minutes will apply if the start and/or end times are exceeded.
- The Belton Park Board/Department reserves the right to reject any and all requests.
- Linens will be placed on and taken off by designated Belton Parks staff.
- Lights *(indoor use only)* will be hung and taken down by client. Ladder not provided.

By signing below, you acknowledge that you have read, understand and agree to all terms and conditions. You also agree to pay all fees related to the facility rental.

❑ We will be serving alcohol ❑ We will NOT be serving alcohol

Client Signature: _____ Date: _____