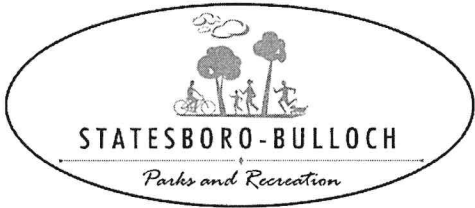


Mailing Address: P.O. Box 408
Physical Address: 1 Max Lockwood Drive
Statesboro, GA 30459



Phone: (912) 764-5637
Fax: (912) 764-2425
E-mail: mail@bullochrec.com

Pavilion Rental Confirmation

Facility (please circle): Mill Creek Pavilions 1 2 3
Nevils Pavilion Stilson Pavilion Brooklet Pavilion

Name of Individual / Organization _____ Date of Birth _____

Contact Person if Organization _____

Mailing Address _____
(Street) (City) (State) (Zip Code)

Telephone Number _____
(Home) (Work) (Cell / Other)

E-Mail Address _____

Day / Date of Rental _____

Time of Reservation: Time In _____ AM PM Time Out _____ AM PM Total Hours- _____

**Your time of reservation MUST include your set up and clean up time. Your set up before and clean up after must take place within your rental time.

Type of Rental (Birthday Party, Family Reunion, Youth Dance, Etc.) _____

** Depending on the type of rental, a security guard may be hired at the renter's expense if deemed necessary by SBCPRD**

Number of People Expected to Attend _____ Age Group of People Attending _____

If room is reserved for minors, how many chaperones will attend _____

** A minimum of 1 chaperone to 20 children is required.

This is a confirmation of the reservation that I have made with the Statesboro-Bulloch County Parks and Recreation Department. I understand that my reservation is not complete until the rental fee and deposit is paid and a facility reservation contract form is completed. By signing below, I am confirming the above information to be correct and that I have read, understand, and been given a copy of the facility rental procedures and will abide by them.

Renter's Signature _____ Date _____

OFFICE USE ONLY

Rental Fee Due: _____ Paid: YES NO Security Deposit: _____ Paid: YES NO Permit # _____

Staff Making Reservation: _____

Today's Date: _____