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



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

Pop Up Park Confirmation

| Name of Individual /Organization: | | | Date of Birth: | | | |
|--|--------------------------------------|-------------------------------|-----------------------|------------------------------|---|--|
| Contact Person of Org | ganization: | | | | | |
| Mailing Address: | | | | | | |
| | (Street) | (City) | (State) | | (Zip Code) | |
| E-Mail Address: | | | | | | |
| Day/Date of Rental: _ | | | | | | |
| Telephone Number: _ | (Home) | | (Work) | | (Cell/Other) | |
| Address of Event: | , | | | | (cell other) | |
| | (Street) | | | (State) | (Zip Code) | |
| understand that my rese contract form is complete | rvation is not c ed. By signing b | omplete unti below, I am c | l the renta onfirming | l fee is pai the above in | unty Recreation and Parks. d and a facility reservation nformation to be correct and rocedures and will abide by | |
| Renter's Signature: | Date: | | | | | |
| | | OFFICE US | E ONLY | •••••• | | |
| Rental Fee Due: Pa | id: YES NO | | | | Permit # | |
| Staff Making Reservation: | | | | Date: | | |