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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: _____