



APPLICATION TO USE CITY PARK

Applications must be received at least two weeks prior to the event.

Park Requesting: Arconville Park

Name: Sammy Smith

Address: _____

Phone No: 233-4175 Brenda McGaster Fax No: _____

Type of Event: May Day

Description of all activities/facilities involved (include whether food or beverages will be served, tents erected, music, power requirement, etc.)

Baseball, Basket ball, Kickball Games
Food, Tents, table, Food, snow cone, Koke sale
Extra powder, trash can, tables-

Date of Event: May 27, 2017.

Time of Event: From 8AM To: 9PM
(including set up and clean up)

Maximum Number of Persons: _____

Signature of Applicant: Sammy Smith Date: 5-5-17