



City of Columbia Parks and Recreation Facility Rental Request Form

Date: _____

Customers Information:

Full Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Home Number () _____-_____ Cell Number () _____-_____

Event Information:

Date of Event: _____

Type of Event: _____

Park Site: _____

Estimated Attendance: _____

Spray Pool Requested: _____ Yes _____ No

All reservations are booked based on a set block of time. Please check the block(s) of time that apply to your event:

8:00 a.m. - 12:00 p.m. ____ 1:00 p.m. - 5:00 p.m. ____ 6:00 p.m. - 11:00 p.m. ____

Event Description:

Customer's Printed Name

Customers Signature

Staff Name: _____

This form does not guarantee facility rental request