



CITY OF GULFPORT  
DEPARTMENT OF LEISURE SERVICES  
**RESERVATION FORM**



FACILITY: \_\_\_\_\_ ROOM: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ TIME/ DURATION OF EVENT : \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF GROUP: \_\_\_\_\_

EVENT TYPE: \_\_\_\_\_ # OF PARTICIPANTS: \_\_\_\_\_

NON-PROFIT: NO YES (501-C STATUS #: \_\_\_\_\_)

CONCESSION TO BE SOLD? NO YES      ADMISSION TO BE CHARGED? NO YES

WILL ALCOHOL BE PRESENT? NO YES      WILL FOOD/DRINK BE SERVED? NO YES

HAVE YOU EVER RENTED A CITY OF GULFPORT FACILITY PREVIOUSLY?      NO YES

\*\*\*\*\* FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

SECURITY DEPOSIT: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

RENTAL FEE: \$ \_\_\_\_\_ X \_\_\_\_\_ HOURS= \_\_\_\_\_ (MUST BE PAID NO LATER THAN 2 WEEKS PRIOR TO EVENT)

DATE PAID: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

ADDITIONAL FEE: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

SECURITY REQUIRED? NO YES      # OF OFFICERS: \_\_\_\_\_ DATE CONFIRMED: \_\_\_\_\_

SPECIAL INSTRUCTIONS/COMMENTS: \_\_\_\_\_

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**RENTER IS RESPONSIBLE FOR CLEAN-UP AND ANY DAMAGE/LOSS INCURRED PER AGREEMENT  
DEPOSIT IS RETURNED FOLLOWING POST-EVENT INSPECTION (ALLOW 4-5 WEEKS FOR DELIVERY)**

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APPLICANT SIGNATURE

STAFF SIGNATURE



REFUND DEPOSIT: YES      AMOUNT: \_\_\_\_\_      DATE REQUESTED: \_\_\_\_\_

NO      REASON: \_\_\_\_\_