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: ________________________

WHITE COPY: CUSTOMER  YELLOW COPY: DEPT.  PINK COPY: CENTER