



Inclusivity, Accessibility & Unity = EVERYONE! Where community comes TOGETHER.

RESERVATION FORM

VENDOR INFORMATION:

Renter Contact Name _____
Address _____
Cell Phone _____ Email _____
Purpose of event _____
Does event need electrical hook-up? _____ # of people _____

RENTAL LOCATION:

Requested Location (please circle): Pavilion Field Courtyard
Date: _____ Time Start: _____ Time End: _____

PAYMENT: Check Payable to Trinity.

Amount: _____ Check #: _____ \$75 Deposit: _____

AFFIDAVIT OF APPLICATION:

The Renter agrees to all conditions of the TCP Pavilion Rental Agreement and all park rules/regulations. Violations of any of the conditions shall be basis for revocation of the application.

Printed Name: _____ Date: _____

Signature: _____

Return Payment & Application to:
Trinity, Trinity Community Park
17750 Knollwood Drive, Monument, CO 80132

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Internal Use:

\_\_\_\_ Rec. Insurance    \_\_\_\_ Rec. Payment    \_\_\_\_ Added to Calendar