

REQUEST TO RENT PARK FACILITIES <i>Please Print</i>		
NAME		PRO TO THE
	Secondary Phone ()	TEATIONAL
Email		33914 Widell Avenue Post Office Box 865 Lillian, AL 36549 (251) 962-2129
ADDRESS		
City/State/Zip		
ORGANIZATION (if applicable)		
Date(s) of your eventStart time	End time	
How many guests are you expecting?		
 Which of the following facilities do you w Conference Room Kitchen 	vish to use? (Check all that apply.) Picnic tables Other (please specify) 	

Bandstand

Daily Fees: All fees are nonrefundable, unless cancelled within 48 hours of event.

Conference Room*

- 4 hours or less: \$40, or \$60 with kitchen privileges
- more than 4 hours: \$60, or \$80 with kitchen privileges

*A 10% discount will be offered to individuals and organizations wishing to reserve and use the conference room on a yearly basis.

Kitchen - \$30

Bandstand - \$100, or \$120 with kitchen privileges

There is no fee to use the picnic tables, Kiddie Playground, sunshade, lawn areas or basketball/pickleball courts.

Cancellation Policy: We would appreciate a 48-hour cancellation notice.

Payment: Rental fee should accompany this form. Make checks payable to "Lillian Recreational Park" and mail to Lillian Recreational Park, PO Box 865, Lillian, AL 36549 or give to park caretaker, Tauris Hart, who will provide you with a receipt.

Park Caretaker: If you have questions or need to contact the park caretaker, please call Tauris Hart, (251) 233-9370.

The building will be open for your use one hour prior to the start time of your event. If more time is needed, please indicate above what time you need access to the building. We expect you to leave our park as you found it. Please refer to the attached "Rules & Use of Park Facilities."

The Lillian Recreational Park is a not-for-profit park that depends solely on donations. We have no paid staff. Our Board of Directors are all volunteers who work hard to keep the Park beautiful and in good working order. We thank you for your support and appreciate your help in taking good care of the park and its facilities. We hope your event will be a success.

Applicant's Signature_____

LRP Caretaker's Signature

Date _____

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Date _____