

OLD TOWN GAZEBO RENTAL APPLICATION

Thank you for your interest in the Gazebo! Please complete the application for your event.

Event:				Date	Date of Application:	
Event Date:	Individual/Organization:					
Times: Set-up:		_Event times:	to	Tear-down:	Number of guests:	
Contact Person:			_Phone:	Ema	il:	
Address:		City/State:			Zip:	
<u>Event Details:</u>						
Entertainment:	YES 🗆	NO 🗆 If yes- liv	ve music, DJ, an	nouncements, etc.	Please list.	
Chairs:	YES D NO Amount needed:					
Power needed:						
Please list all ev	ent deta	ils below:				
•	• •	reserves the righ ing with Gazebo	•		l use of its facilities to any person or	
					ccept responsibility for careful and azebo upon acceptance.	
Signature:					Date:	
Application for r	ental spa	ace approved.				
Signatura					Data	
Signature:					Date:	
The City of Albud	querque	Representative				