



CYPRESS RECREATION AND COMMUNITY SERVICES

**ARNOLD/CYPRESS PARK**

**FACILITY & MOONBOUNCE RESERVATION WORKSHEET**

**Alcohol is NOT allowed in the park**

(Please print and fill out completely)

Reservation Date: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

- Pavilion                      Start Time: \_\_\_\_\_ am/pm    End Time: \_\_\_\_\_ am/pm
- Room                              Start Time: \_\_\_\_\_ am/pm    End Time: \_\_\_\_\_ am/pm
- Serving Area                      Start Time: \_\_\_\_\_ am/pm    End Time: \_\_\_\_\_ am/pm
- Moonbounce                      Start Time: \_\_\_\_\_ am/pm    End Time: \_\_\_\_\_ am/pm

Moonbounce Company: \_\_\_\_\_

**REMEMBER:**

- Room fees are based on consecutive hours starting from your Start Time to your End Time. The time you indicated as your Start Time will be the time you will be allowed to enter the room: **NO EXCEPTIONS**. 30 minutes is the required clean up time for the Arnold/Cypress Park Room. Everyone must be out of the building by the End Time.
- This is **NOT** a reservation of space for the moonbounce equipment. It is a permit to have the moonbounce equipment at the park. Moonbounce generator **MUST** be gas powered.

Your Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Street/City/Zip Code

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

ORGANIZATION (if applicable): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Street/City/Zip Code

PURPOSE OF EVENT: \_\_\_\_\_

1. Is facility to be used for fundraising? (non-profit only)..... YES  NO

If yes, what will net proceeds be used for? \_\_\_\_\_

2. Open to the public?..... YES  NO

3. Will a catering or entertainment service be used: ..... YES  NO

If yes, name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**OFFICE USE ONLY (Do not write below this line)**

Pavilion (non-refundable)	\$ _____ (add)	<b>TOTAL FEES</b>	\$ _____
Room Fee	\$ _____	Total Payment at the time of booking	\$ _____ (subtract)
Serving Area	\$ _____ (add)	Sub Total	\$ _____
Moonbounce (non-refundable)	\$ _____ (add)	Deposit	\$ _____ (add)
Extra Hours	\$ _____ (add)	<b>BALANCE DUE</b>	\$ _____

CASH

VISA

M/C

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_