



CYPRESS RECREATION AND COMMUNITY SERVICES PAVILION & MOONBOUNCE RESERVATION WORKSHEET

(Please print and fill out completely)

Reservation Date: _____ Estimated Attendance: _____

Check One: Evergreen Park Veterans Park Other _____ Park

Pavilion Start Time: _____ am/pm End Time: _____ am/pm

Moonbounce Start Time: _____ am/pm End Time: _____ am/pm

Moonbounce Company: _____

REMEMBER: 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 Fee..... \$ _____

Moonbounce Fee.....\$ _____

TOTAL.....\$ _____

CASH

VISA

M/C

Check # _____

Receipt # _____