



CITY OF LORENA
MCBRYER PARK PAVILION USE APPLICATION
(IF PAYMENT IS REQUIRED, IT MUST BE SUBMITTED WITH THE APPLICATION)

DATE OF APPLICATION: _____

NAME OF APPLICANT: _____

ARE YOU A RESIDENT OF THE CITY OF LORENA? (CIRCLE ONE) YES / NO

ADDRESS: _____
PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

NAME OF PERSON RESERVING THE DESIGNATED AREA/FACILITY: _____

DESIGNATED AREA OR FACILITY YOU WISH TO RESERVE: _____ PAVILION _____ GREEN SPACE

DATE(S) OF EVENT(S): _____

TIME(S): FROM _____ TO _____ (PLEASE SPECIFY AM / PM)

ESTIMATED NUMBER OF ATTENDEES: _____

TYPE OR PURPOSE OF FUNCTION / GATHERING: _____

SPONSOR FOR FUNCTION / GATHERING: _____

ORGANIZATION / BUSINESS TYPE: _____ WILL GOODS BE SOLD AT YOUR
FUNCTION / GATHERING? (CIRCLE ONE) YES / NO WILL ANY INFLATABLE'S OR WATER SLIDES BE
USED? (CIRCLE ONE) YES / NO WILL A SOUND SYSTEM BE USED? (CIRCLE ONE) YES / NO IF YES,

WHAT TYPE? _____

WILL ANY SPECIAL FEATURES OR EFFECTS BE USED (FOR EXAMPLE: LIVE BAND)?

(CIRCLE ONE) YES / NO

IF YES, WHAT TYPE? _____

I HEREBY CERTIFY THAT I HAVE READ AND REVIEWED THIS APPLICATION AND THE INFORMATION PROVIDED
HEREIN IS TRUE AND CORRECT. ***I UNDERSTAND AND AGREE THAT I AND ANYONE INVOLVED IN MY FUNCTION /
GATHERING SHALL COMPLY WITH ALL PROVISIONS AND REGULATIONS GOVERNING THIS TYPE OF PERMIT,
WHETHER SPECIFIED HEREIN OR NOT.*** THE GRANTING OF A PERMIT DOES NOT GIVE AUTHORITY TO VIOLATE
OR CANCEL ANY PROVISIONS OF STATE OR LOCAL LAWS REGULATING PUBLIC PARKS.

SIGNATURE OF APPLICANT

DATE SIGNED

FOR OFFICE USE ONLY

RECEIVED BY: _____ DATE RECEIVED: _____ TIME RECEIVED: _____ AM / PM

APPROVED / DENIED ON THIS DATE: _____